

**MINISTRY OF PUBLIC HEALTH
DIRECTORATE FOR FAMILY AND
MENTAL HEALTH**

**REPUBLIC OF CAMEROON
PEACE - LABOR - HOMELAND**

**FAMILY PLANNING SERVICES PROTOCOLS
CAMEROON**

June 1993

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SERVICES PROTOCOLS
CAMEROON**

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INTRODUCTION

A team of clinicians* from family planning services dependent on the Directorate of Family and Mental Health (DFMH/MPH) held a meeting in May 1992 to elaborate the present "CAMEROON FAMILY PLANNING SERVICES PROTOCOLS" with the technical assistance of the PROGRAM FOR INTERNATIONAL TRAINING IN HEALTH (INTRAH).

These **Protocols** specify the clinical steps required for the delivery of Family Planning services in Cameroon. They reflect the Policy and Standards of the Maternal and Child Health and Family Planning Services as defined by the local authorities.

These **Protocols** are intended to help ALL Family Planning service providers in Cameroon, provide quality services. They are also meant for supervisors and professionals who are responsible for the evaluation of the quality of the delivered services.

The **main objectives** of these **Protocols** are as follows:

- Harmonization of the clinical steps/skills acquired by providers during training with the clinical steps and procedures practised at the provider's service center.
- Harmonization of the clinical steps and procedures of all Family Planning service providers for client management.
- Improvement of Family Planning service skills.
- Improvement of Family Planning services supervision.

These **Protocols** should be widely disseminated and used to achieve their objectives. They should also be regularly updated to maintain their usefulness.

Family Planning services providers using these protocols should point out indicators for testing the effectiveness and validity of the steps elaborated in them.

* See list in appendices

USER'S GUIDE TO THE PROTOCOLS

- This document consist of:
 - Contents
 - Various sections of the FP Services for which these Protocols have been developed
 - Glossary
 - Protocol Follow-up Form.
- The various sections have been presented in **logical steps** to guide the service provider during client management.
- A few chapters have been elaborated in the form of **algorithms** (decision trees) which should be read downwards and generally from left to right.
- Before using these Protocols the user should read them attentively so as to familiarize himself with the various clinical steps and procedures described in them.
- These Protocols should be used in relation to the service provider's skills and level of the health center.
- In order to contribute to the revision of these Protocols all users are advised to write down their comments on the follow-up form (see appendix) and send it to the address below:

Directorate for Family and Mental Health
Ministry of Public Health
P. O. Box 10054
Yaounde, Cameroon

SECTION I: IEC/FP

STEPS FOR DISCUSSING CONTRACEPTION

1. **Prepare the place and equipment needed for the discussion**
2. **Greet and welcome the client to the clinic**
 - Be friendly, pleasant and courteous
 - Respect custom and traditions
3. **Introduce yourself and present the clinic**
 - Introduce yourself - name, functions and responsibilities
 - Display the various services delivered at the center and working hours
4. **Introduce the FP methods and the day's topic**
 - Introduce the day's topic for discussion
 - Find out what the group knows about the topic
 - Use visual aids - samples
 - **DEVELOP THE TOPIC**
 - Do not exceed 15 minutes
 - Speak loudly and clearly
 - Use simple language
 - Make use of visual aids
 - **OBSERVE THE NON VERBAL ATTITUDES AND REACTIONS OF THE GROUP**
5. **Make sure that the group understands**
 - Ask if the group has understood the topic
 - Encourage them to ask more questions
6. **Make a summary**
 - Stress on the main points of the topic
7. **Thank the group (for their attention and participation)**
 - Distribute hand-outs if available
8. **Show a film/video on MCH/FP if available**
(while the group is awaiting consultation)

STEPS FOR CONTRACEPTIVE COUNSELING

1. **Preparation of equipment (samples, slide, box, models)**
2. **Welcome client**
 - Greet client - welcome her
 - Offer her a seat near you
 - Win the client's confidence and put her at ease
3. **Ensure confidentiality**
 - Speak in a low tone
 - Ensure privacy of the interview
4. **Ask for the aim of the visit**
 - E.g.: "What can I do for you?"
 - Show receptiveness by listening attentively
 - Let the client explain her problem(s) in full
5. **Help the client find a solution to her problem(s)**
 - Ask what she knows about the various methods capable of solving her problem
 - Note the rumors known to the client
6. **Explain the various methods available**
 - Describe the main advantages and disadvantages of the methods
 - Correct the given rumors
 - Be sure that the client understands by asking her questions
7. **Let the client choose a method**
 - Make sure her choice is an "informed choice"
 - Tell the client that her final choice will depend on the results of her clinical examination
8. **Do a clinical exam of the client if need be (See steps for contraceptive consultation)**
9. **Fill out the consultation form**
10. **Explain the prescribed method in detail**
 - Tell the client how to use the method
 - Give useful advice on the method (See Contraceptive methods)
 - Make sure the client understands the methods

11. Fix a date for the next visit

- Tell the client that she can come to the clinic at any time, should there be a problem.
- Ask her if she is satisfied with the method
- Say "Goodbye"

STEPS FOR DISCUSSING STDs

1. **Prepare the place and necessary equipment**
2. **Greet the group**
 - Say hello and welcome
 - Be friendly and pleasant
3. **Introduce yourself and the clinic**
 - Tell them your name and functions at the clinic
 - Present the clinic and services offered (STDs, FP...)
4. **Introduce the STDs as a topic**
 - Introduce STDs. Like other diseases are spread worldwide. They are transmitted through sexual contact and their major consequence is "infertility"
 - Use visual aids
 - Be respectful and use a specific and clear language
 - Use language adapted to target groups
 - Find out what the group knows about STDs
 - Develop the topic
 - Observe the attitude and non-verbal reactions of the group
5. **Be sure the group understands**
 - Ask the group if they have understood the subject
 - Ask the group if they have more questions
6. **Sum up the discussion**
 - Insist on the important points (prevention, relationships between STDs, AIDS and FP)
7. **Thank the group for their attention and participation**
8. **Show a film/video on the subject**

STEPS FOR COUNSELING ON STDs

1. **Prepare the Counseling room and equipment**
2. **Welcome the patient**
 - Greet the patient
 - Win the client's confidence and put her at ease
3. **Respect her privacy**
 - Isolate yourself with the patient
 - Speak in a low voice
 - Reassure the patient of the privacy and the confidentiality of the discussion
4. **Ask for the aim of the visit**
 - E.g.: "What can I do for you?"
 - Show receptiveness by listening attentively
 - Reassure the client, put her at ease, be respectful
 - Let the patient explain her problem(s) in full
5. **Ask the patient what she knows about STDs**
 - Stress on the major points: mode of transmission, major complications, curative and preventive treatment (treatment for the partner), prevention-relationships with FP (condoms)
 - Complete the information
6. **Do clinical exam (see consultation on STDs)**
7. **Fill out the consultation form (insist on the confidentiality of the inquiries)**
8. **Administer treatment**
 - Insist on the proper use of medications
 - Insist on prevention (abstinence, condom use, treatment of partners...)
9. **Fix a date for the next visit**
 - Say "Goodbye!"

SECTION II: CONTRACEPTION

STEPS FOR A CONTRACEPTIVE CONSULTATION

1. **Receive and inform the client (see steps for counseling)**
 - Greet and welcome her
 - Offer her a chair
 - Ensure privacy
 - Ask client for the aim the the visit
 - Tell the client about the services offered in the clinic
 - Explain the steps of the consultation
2. **Interview the client according to the FP card**
 - Ask for the general reproductive history of the client (name, age, status.....)
 - Note down history of client if necessary, (past record)
 - Note down past record which may influence contraception (smoking, obesity.....)
3. **Perform a general and pelvic exam if necessary**
 - Take client's weight blood pressure
 - Do a general physical and breast exam
 - Perform pelvic exam (speculum and vaginal examination)
4. **Move on to decision making step**
 - Inform client about the results of the clinical exam
 - Perform paraclinical exam if necessary
 - Help client make final choice of method
5. **Administer chosen method (see appropriate chapter)**
 - Check if the period is conducive
 - Respect the client's intimacy and ensure confidentiality
 - Give the appropriate advice for the method
6. **Fix a date for the follow-up visit**
 - Ordinary follow-up: (supply -check-up) refer to method
 - Special follow-up: Constantly
 - for any change of method or for more information
 - when pregnancy is desired
 - in case of complications or problems
7. **At the end of the visit**
 - Ask client if she is satisfied
 - Say "Goodbye"

COMBINED ORAL CONTRACEPTIVES (COC)

1. Introduce the COC

- Use, show, and let client examine a sample of the COC
- Use appropriate visual aids
- Use language adapted to client's level of education
- Make sure the client has understood the method

2. Describe the major advantages and disadvantages

- Encourage client to expose her fears and rumors about COC
- Listen to the client and answer all her questions clearly
- Give the main advantages: highly efficient, reversible, protects against certain infections (ovarian cysts, dysmenorrhea...)
- Give the major disadvantages: should be taken everyday, can cause side effects such as nausea

3. Refer to the checklist and follow instructions

- After the clinical exam, see the list below for the appropriate instructions for treating results of the clinical exam
- If the answer to any of the questions below is "Yes" apply the corresponding instructions:

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
1. Existence of the 3 signs below - chest pains ? - shortness of breath - previous heart disease?		yes	- These symptoms indicate a heart disease - Review the clinical exam - Help the client to choose a non-hormonal method or refer
2. Does bleeding occur between menses or after sexual intercourse? - Any hypermenorrhea during the last 3 months?		yes	- These symptoms indicate an acute gynecologic problem - Determine the cause of bleeding and treat if possible before prescribing COC - Or refer

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
3. Presumption of pregnancy? (clinical signs)		Yes	<ul style="list-style-type: none"> - Refer to prenatal consultation - Do not give COC - Confirm the pregnancy (pelvic exam and or pregnancy test)
4. Medicines taken for depression or convulsion? - Is client taking Rifampicine?		Yes	<ul style="list-style-type: none"> - Use non-hormonal method until end of treatment
5. Irregular or accelerated pulse greater than 100 beats Pallor Shortness of breath Existence - Pallor - Shortness of breath Existence with fluttering of nostrils - Edemas in the lower limbs?		Yes	<ul style="list-style-type: none"> - This indicates severe heart disease - Refer to a physician - Help the client choose a non hormonal method
6. Jaundice? - Enlarged liver? - Painful liver?		Yes	<ul style="list-style-type: none"> - This indicates an active liver disease - Refer to a physician - Help choose a non-hormonal method
7. Existence of painful area and edema of the leg?		yes	<ul style="list-style-type: none"> - This indicates a deficiency of the blood dyscrasia - Refer to a physician - Help choose a non-oestrogen method
8. Existence of lump(s) in the breasts		yes	<ul style="list-style-type: none"> - Refer to a professional - Administer a non-hormonal method while waiting for the diagnosis

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
9. Tenderness of the uterus or ovarian tubes with discharge or ulceration?		Yes	<ul style="list-style-type: none"> - This suggests a STD - Treat as indicated in the STD protocols - Give combined pills - Give counseling on STDs - Advice the use of condoms

4. Explain the instructions for taking the COC

- Use plain and concise language
- Use a sample of the type of COC prescribed for the client
- Ask the client to repeat your explanation
- Always begin with a low dose oestrogen (30 - 35 mcg)

As a general rule

- Begin the first pill on the first day of menstruation
- Remember to take one pill each day according to the direction of the arrows or days
- Take the pill at the same hour last thing at bed time
- Take the pill even during the absence of your husband or sexual intercourse

21 day pill packs:

- Take one pill everyday for 21 days
- Stop taking the pill (rest) for 7 days
- Start the next pack on the 8th day

28-day pill packs (21 white + 7 brown):

- Take a pill everyday without a break

When you miss some pills :

- If you miss One white pill : - Take the forgotten pill as soon as you remember
- If you miss 2 or more white pills : - Start taking one white pill a day for 7 successive days and use a barrier method

5. Fix a date for the follow-up visit

- On the first visit:
 - give 3 packs of COC
 - ask client to come back after 11 weeks for a check up (check pill taking)
- On the second visit:
 - give 6 packs of COC
 - ask client to come back after 23 weeks
- On subsequent visits:
 - give 6 packs of COC
 - ask client to come back after 23 weeks
- Tell client to come back to the clinic anytime the need arises
- Write down the date for the next RV on the client's card and file
- Indicate and explain the date RV date to the client

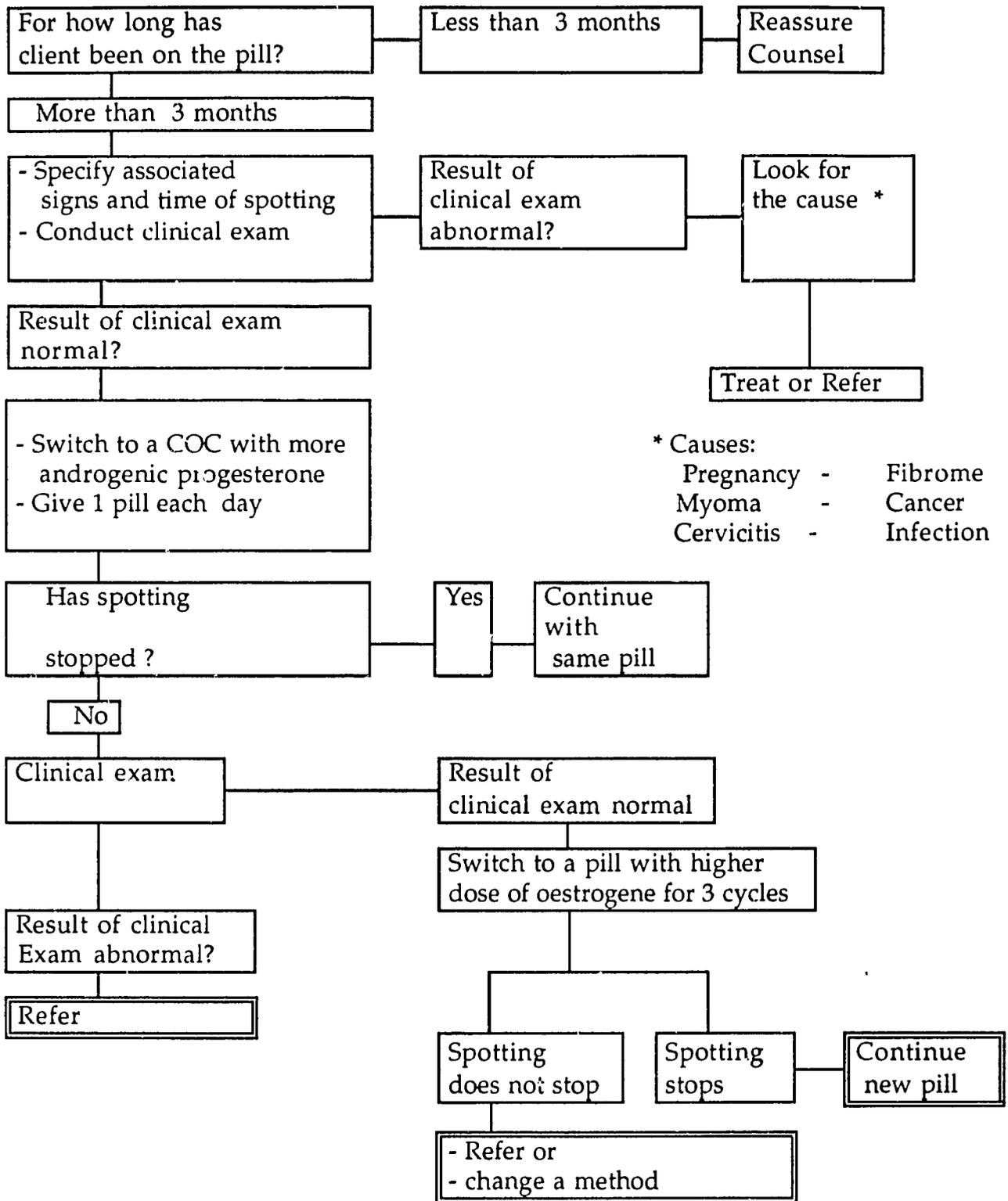
6. Take care of the problems encountered

- Check if COC is taken correctly
- Conduct a clinical exam
- Use the following decision trees for managing the following side effects:

Side Effects	Management
1. Weight gain (2 kg/month since starting the pill)	<ul style="list-style-type: none"> • Reassure if less than 3 months on the pill: • If more than 3 months on the pill: • If no increase in appetite: give low dose oestrogen pill <ul style="list-style-type: none"> - If increase in appetite: recommend a diet + RV after 1 month - If no improvement give another method
2. Nausea for more than 3 months	<ul style="list-style-type: none"> • If taken on empty stomach: Counsel • In case of pregnancy: <ul style="list-style-type: none"> - stop the pill - prenatal consultation • If no know cause <ul style="list-style-type: none"> - give low dose oestrogen pill or help client to choose method
3. Bloating abdomen	<ul style="list-style-type: none"> • In case of pregnancy: <ul style="list-style-type: none"> - stop the pill and refer for - prenatal consultation • No known cause: <ul style="list-style-type: none"> - recommend a diet and help client choose another method or refer
4. Loss of Libido	<ul style="list-style-type: none"> • Look for the cause: <ul style="list-style-type: none"> - counsel • If no known cause <ul style="list-style-type: none"> - give high dose oestrogen pill or help client to choose non-hormonal method

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Spotting due to COC

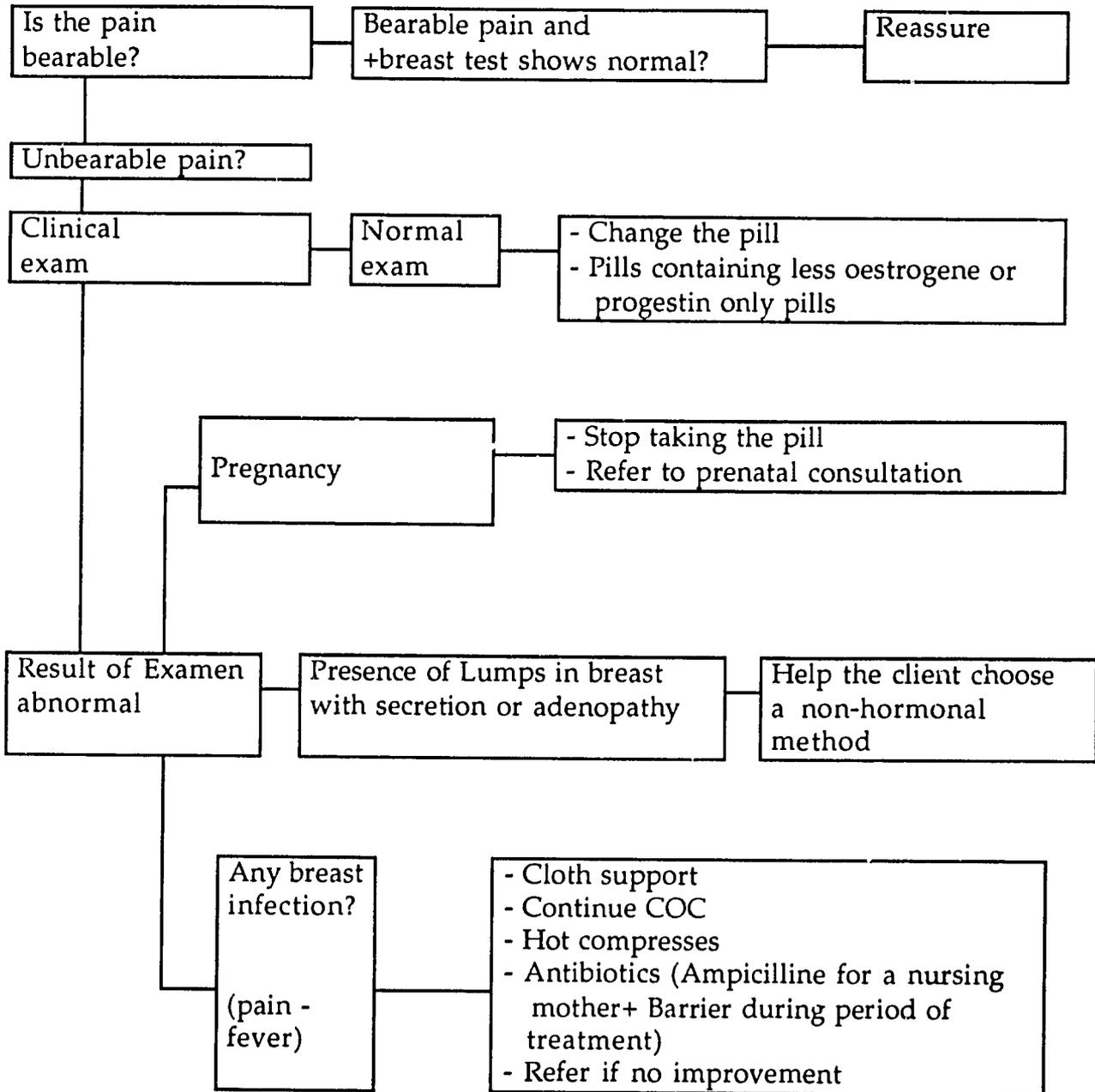


- * Causes:
- Pregnancy - Fibrome
 - Myoma - Cancer
 - Cervicitis - Infection

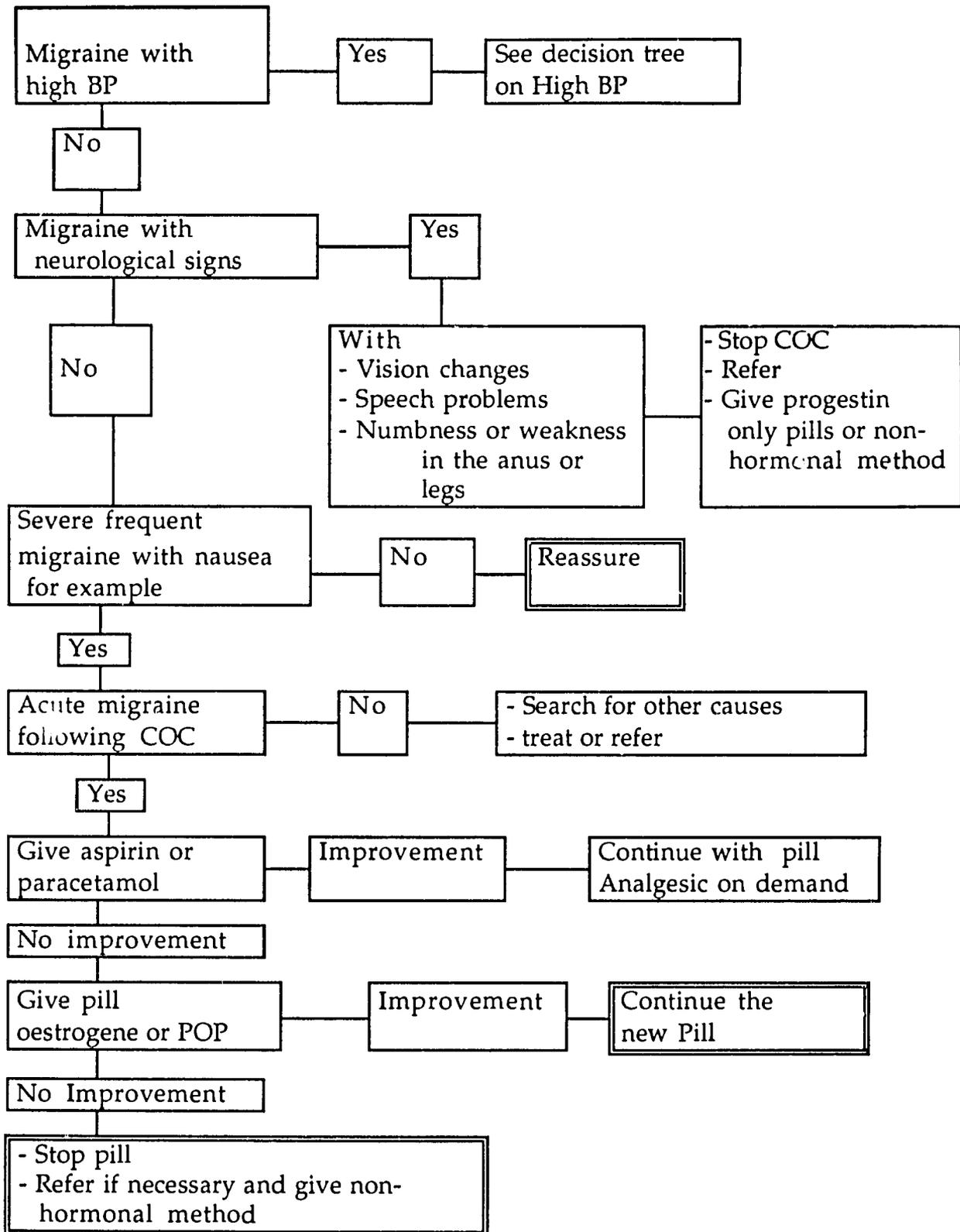
NB: If the client is already taking a higher dose of oestrogen pill (50 mcg), change the type of progesterone or refer the client

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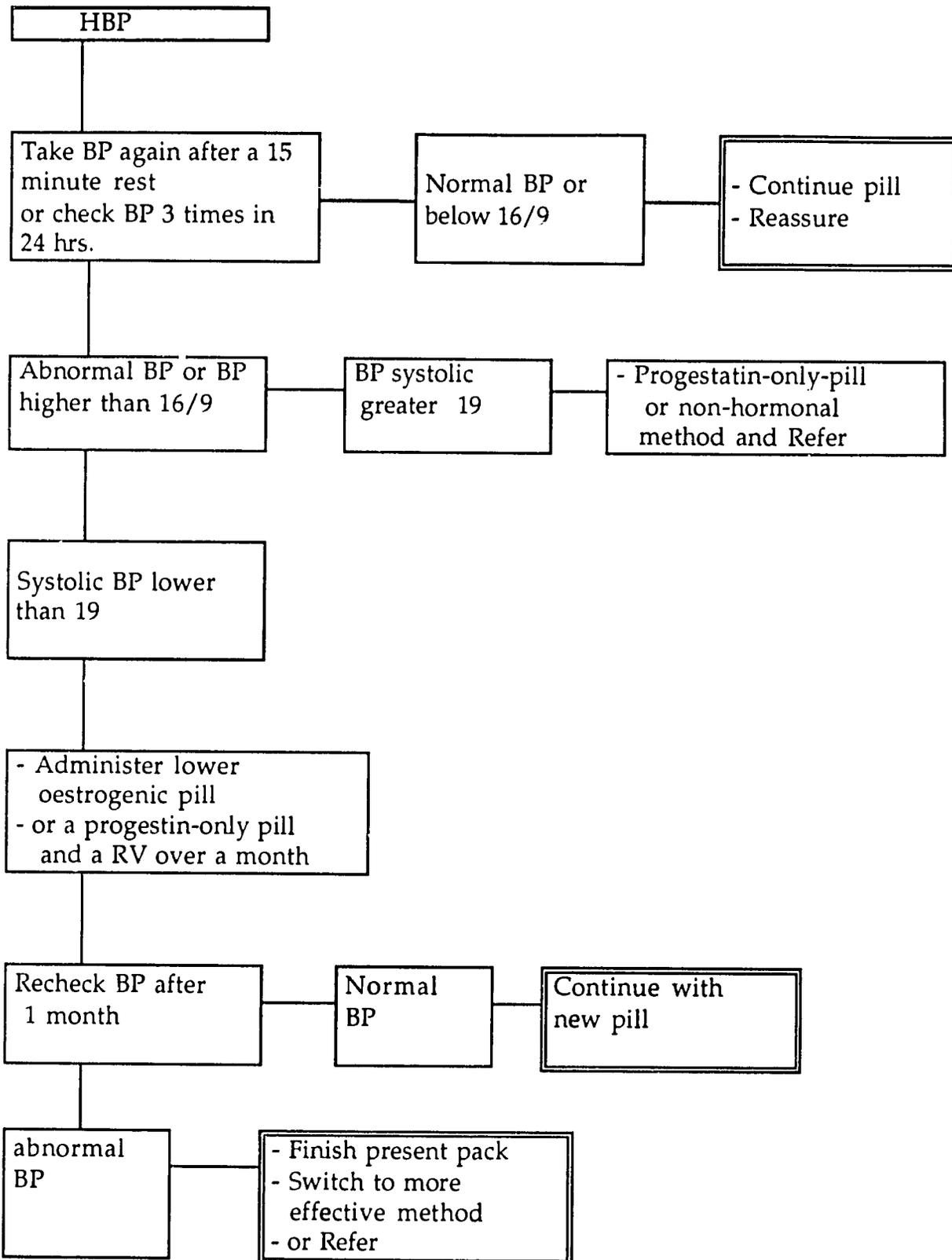
Tenderness of breast due to COC



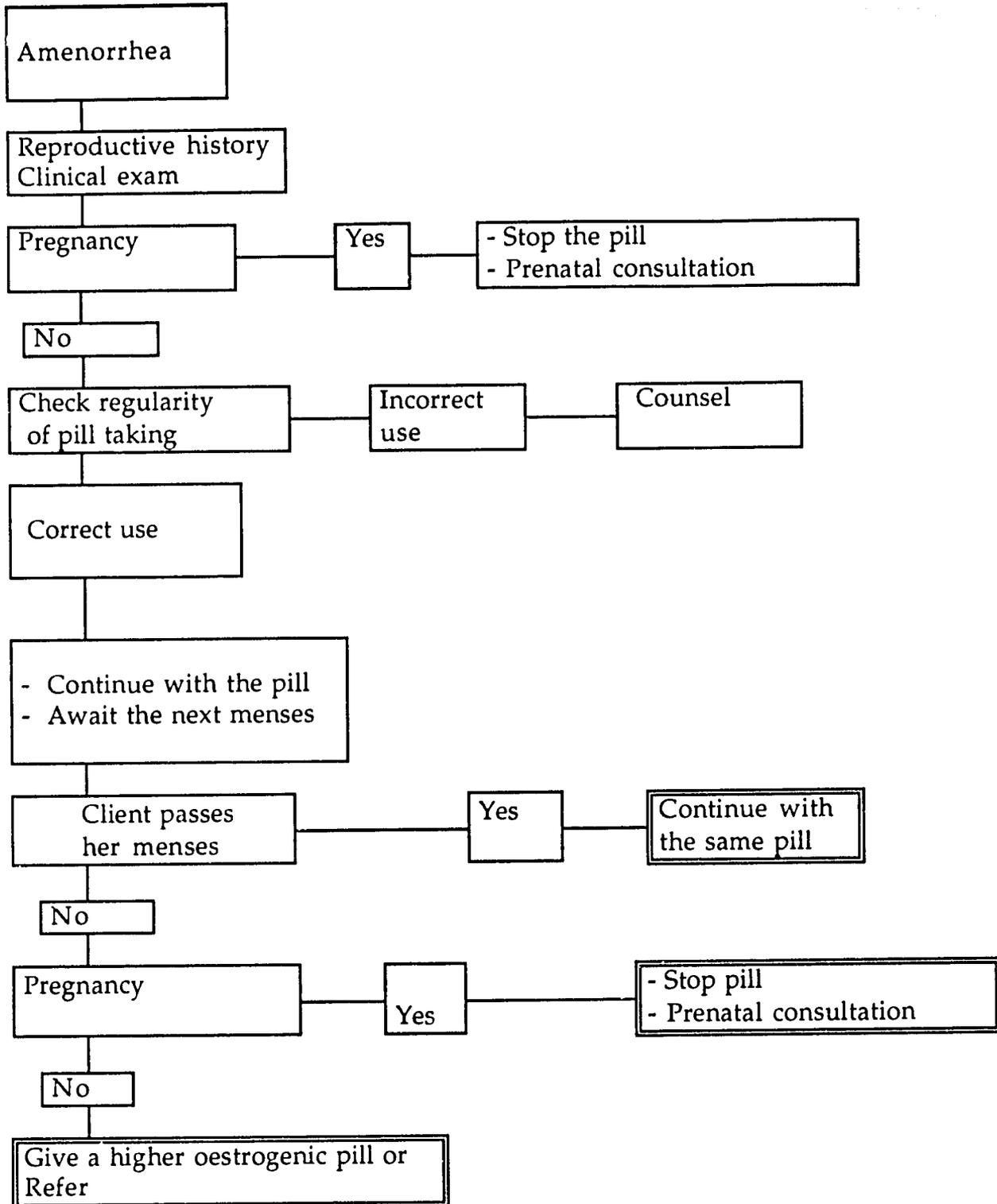
Migraine due to COC



HTA due to COC



Amenorrhea due to COC



PROGESTIN ORAL CONTRACEPTIVES (POC)

1. Present the POC

- Use, show, and encourage the client to choose a sample of POC
- Use adapted visual aids
- Use clear and simple language and terms familiar within the locality
- Make sure that the client has understood

2. Mention the advantages and disadvantages

- Encourage the client to expose her fears and rumors she has heard about POC
- Listen to the client and reply to his questions

Describe the main advantages: High effectiveness, reversible method ideal for a lactating mother or client who cannot take estrogenic Pills

Describe the main disadvantages: Daily and continuous use may cause spotting, amenorrhea

3. Refer to the checklist and follow instructions

- After the clinical exam, see the list below for the appropriate instructions for treating results of the clinical exam
- If the answer to any of the questions below is "Yes" follow the corresponding instructions:

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
1. Suspected pregnancy		Yes	<ul style="list-style-type: none"> - Do not give pills - Refer for prenatal consultation - Give a barrier method while waiting for confirmation
2. Does bleeding occur between menses or after sexual intercourse?		Yes	<ul style="list-style-type: none"> - Determine the cause of bleeding - Treat before prescribing Progestine-only pill

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
<p>3. Presence of blood clots in clients legs?</p> <p>Any chest pains, heart disease or shortness of breath or irregular or accelerated pulse greater than 100 beats/mn</p>		Yes	<ul style="list-style-type: none"> - These signs indicate a heart disease or blood dyscrasia - Confirm diagnosis or refer - Help choose a non-hormonal method
<p>4. Client breast-feeding for about 6 months and:</p> <p>having amenorrhea since childbirth</p> <p>baby depending fully on breast-feeding</p>		Yes	<ul style="list-style-type: none"> - Encourage the client to use only breast-feeding - Progestine-only pill not necessary
<p>5. Any medicines taken for depression or convulsions</p> <p>Is client on Rifampicine</p>		Yes	<ul style="list-style-type: none"> - Use a non-hormonal method until end of treatment.
<p>6. Is client's BP more than 16/9, on three consecutive check-ups</p>		Yes	<ul style="list-style-type: none"> - Use POC with frequent supervision - Treat BP or REFER or - Help client choose a non-hormonal method
<p>7. Existence of suspicious lumps in the breasts (irregular shape, with painless and non mobile lymph nodes)</p>		Yes	<ul style="list-style-type: none"> - Refer to specialist - Help choose non hormonal method
<p>8. Any jaundice?</p> <p>Enlarged or painful liver?</p>		Yes	<ul style="list-style-type: none"> - These signs indicate an active hepatitis - REFER - Help choose a non-hormonal method

4. Explain the instructions for taking the Progestin Oral Contraceptives

As a general rule:

- Begin the first pill on the the first day of menstruation; every day, at the same time and according to the same direction of the arrows until the last pill of the pack.
- Take the pill even during the absence of husband or sexual intercourse.
- Start the next packet on the day following the end of the previous one.

Special Cases

- > The woman starts the POC between the 2nd and the 5th day of the cycle: also give one barrier method for 2 weeks.
- > The woman is having postpartum amenorrhea and breast-feeding is no longer sufficient as a contraceptive method:
 - Rule out pregnancy (Clinical and/or pregnancy tests)
 - Begin the POC on a day of your choice
- > When client forgets to take :
 - 1 pill : tell client to take the forgotten pill as soon as she remembers and the the next pill at the usual hour with a barrier method for one week.
 - 2 pills : tell client to take the 2 pill as soon as she remembers and then the next pill at the usual hour with a barrier method for one week

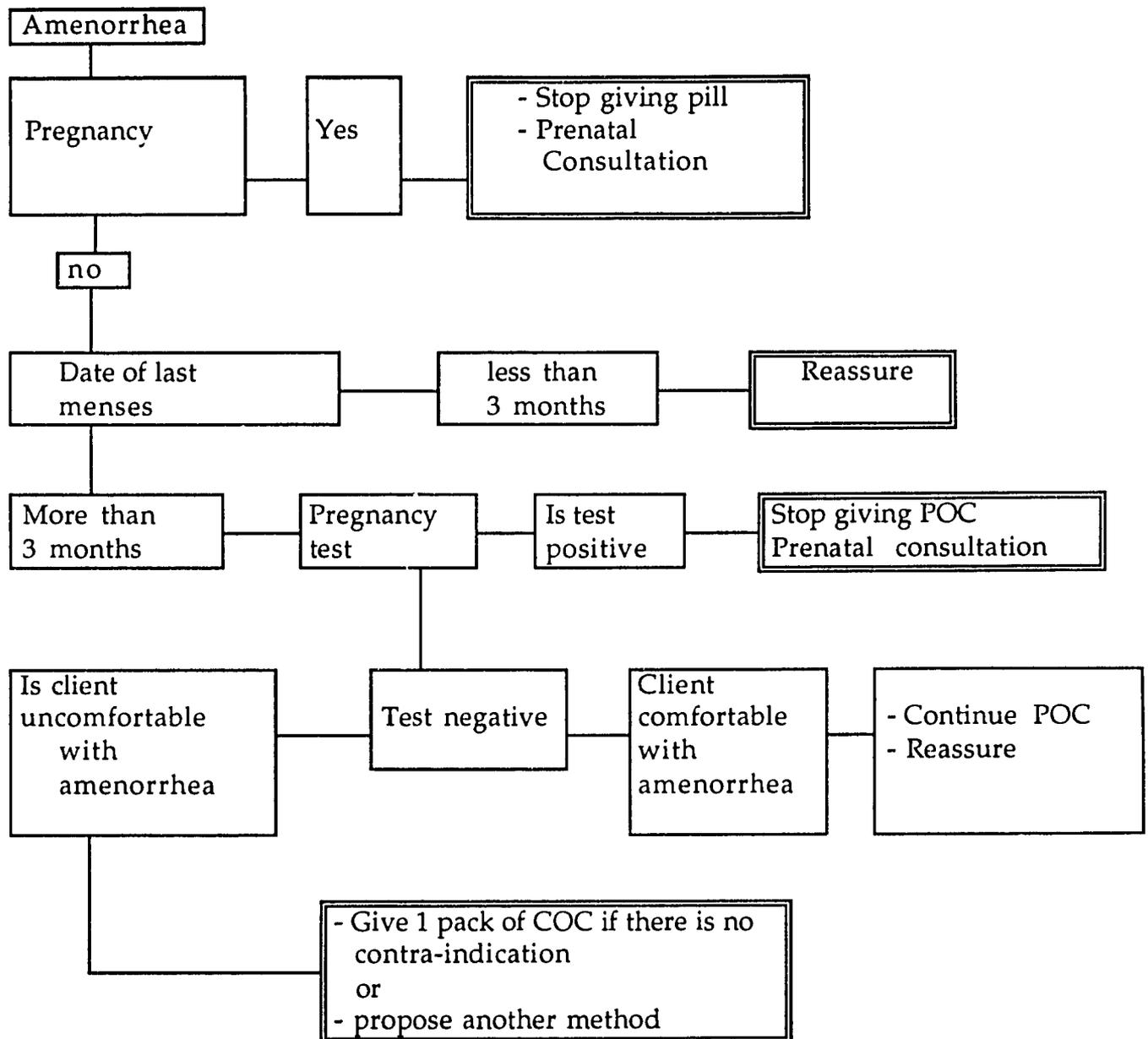
5. Fix a date for the follow-up visit

- During the first visit: - give 3 packs and RV 11 weeks from that date
- During the second visit : - Verify if the pills are properly taken
 - Ask client if she is satisfied with the method
 - or
 - If she has any health problems
 - Take BP and weight of client
 - Give 6 packs if no problems and RV 23 weeks away
- During the third visit: - Give 6 packs, and RV 23 weeks away

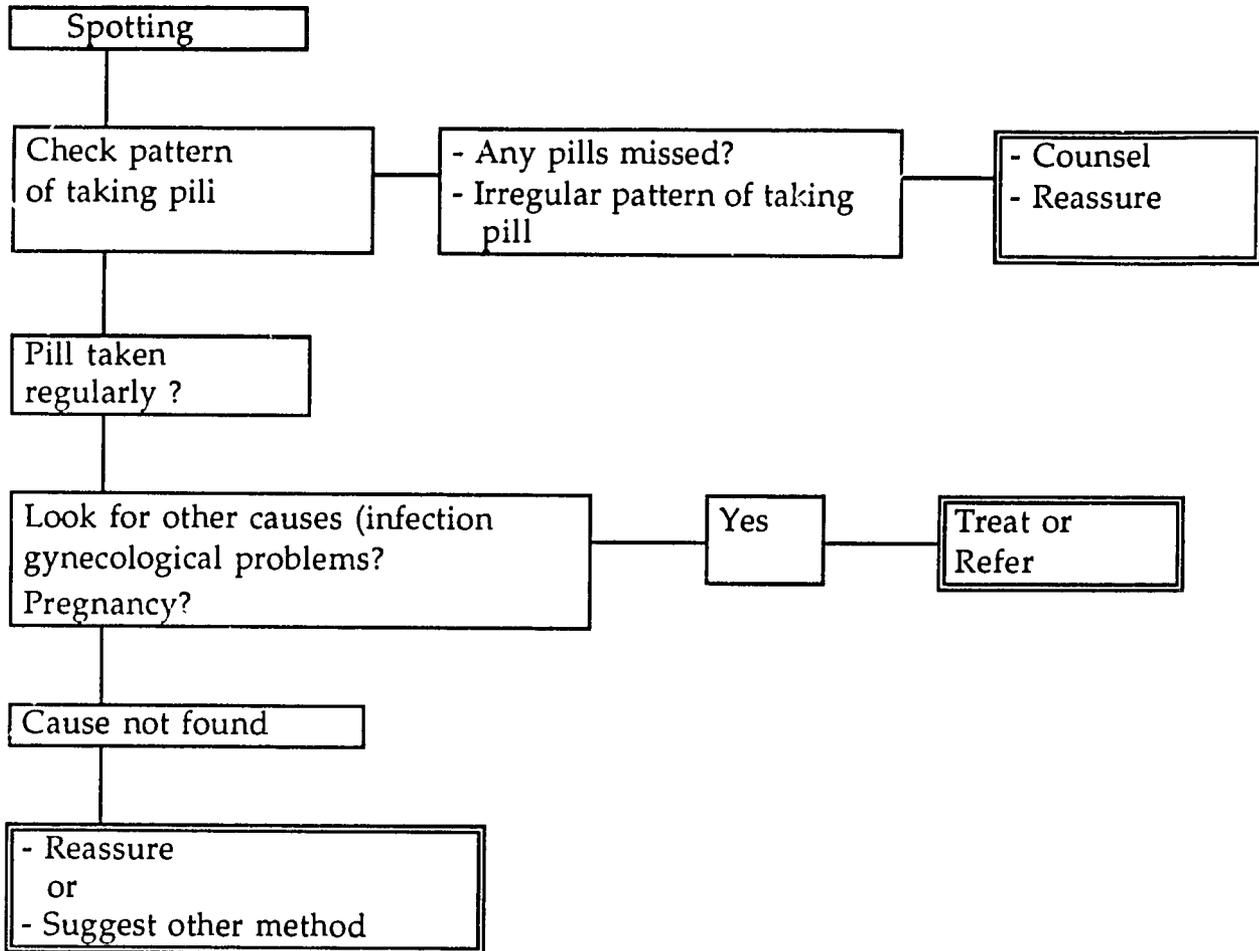
6. Management of problems encountered

- Do clinical exam of the client
- Verify if POC is taken regularly and correctly
- Apply decision trees below to the corresponding problems encountered

Amenorrhea due to POC



Spotting due to POC



INJECTABLE CONTRACEPTIVES

1. Introduce the injectable contraceptive

- Use, show and encourage the client to examine a vial of injectables.
- Use the appropriate visual aids.
- Use a simple and clear language with terms used locally.
- Explain to client that there are only 2 types of injectables and show them to the client.

2. Describe the major advantages and disadvantages

- Encourage the client to share her fears and the rumors she had heard about injectables.
- Answer her questions and make sure she understands everything.
- Describe the main advantages: very effective, discreet and long-acting method, protects against cancer of the endometrium (see STD).
- Describe the main disadvantages: can provoke mild side-effects such as amenorrhea, spotting, heavy bleeding or weight gain.

3. Refer to the checklist for instructions

- Apply the corresponding instructions if the answer to any of the questions below is "Yes".

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
1. Any chest pains? Shortness of breath, difficulty in breathing? Irregular pulse greater than 100/mn.		Yes	- These symptoms indicate a heart disease - Refer to a specialist - Help the client to choose a non-hormonal method

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
2. Does bleeding occur between menses or after sexual intercourse?		Yes	<ul style="list-style-type: none"> - These symptoms suggest the presence of a serious gynecological problem - Determine the cause if possible - Treat or refer - Give injectable if caused by infection - Give a barrier method or advise client to use surgical method
3. Suspected pregnancy ? (clinical)		Yes	<ul style="list-style-type: none"> - Confirm pregnancy through pelvic exam - Do not give injectables - Refer for prenatal consultation
4. BP higher than 16/9 on 3 successive checkups		Yes	<ul style="list-style-type: none"> - Do not give injectables - Give POC under supervision or - Help client to choose a non hormonal method
5. Presence of <ul style="list-style-type: none"> - jaundice ? - enlarged liver ? - painful liver ? 		Yes	<ul style="list-style-type: none"> - These symptoms indicate an evolutive hepatic disease. - Refer - Help the client to choose a non hormonal method
6. Presence of a suspicious painless, irregular and immobile lump in the breast with lymph nodes		Oui	<ul style="list-style-type: none"> - This indicates a malignant tumor in the breast - Help the client to choose a non hormonal method - Refer

4. Explain the instructions for the use of injectables

- Give the first injection in the first 7 days of the cycle
- Fix and note down RV date for the next injection
- Stress that the client should respect the rendezvous
- Perform the injections according to the following instructions :
 - Prepare the disposable or sterile equipment
 - Use an aseptic technique
 - Take care to aspirate all the contents of the vial (1cc)
 - Expel bubbles from the syringe without losing some of the liquid
 - Disinfect the injection site
 - Perform a deep intramuscular injection
 - Do not massage the injection site

Special cases

- If the woman has developed postpartum amenorrhea
 - Verify if she is not pregnant
 - Give the injection on a day of your choice
 - Fix a date for RV
- If the woman was not given a complete dose
 - Give another injection
- If the woman returns to the clinic 7 days after the visit (RV)
 - Give the injection and counsel her again
- If the woman comes 7 days or more after the visit RV
 - Give the injection and give a barrier method for 7 days
 - Counsel again
- If the woman had previously received a different injectable contraceptive
 - Inject her with the new injectable contraceptive
 - Follow the schedule of the new injectable

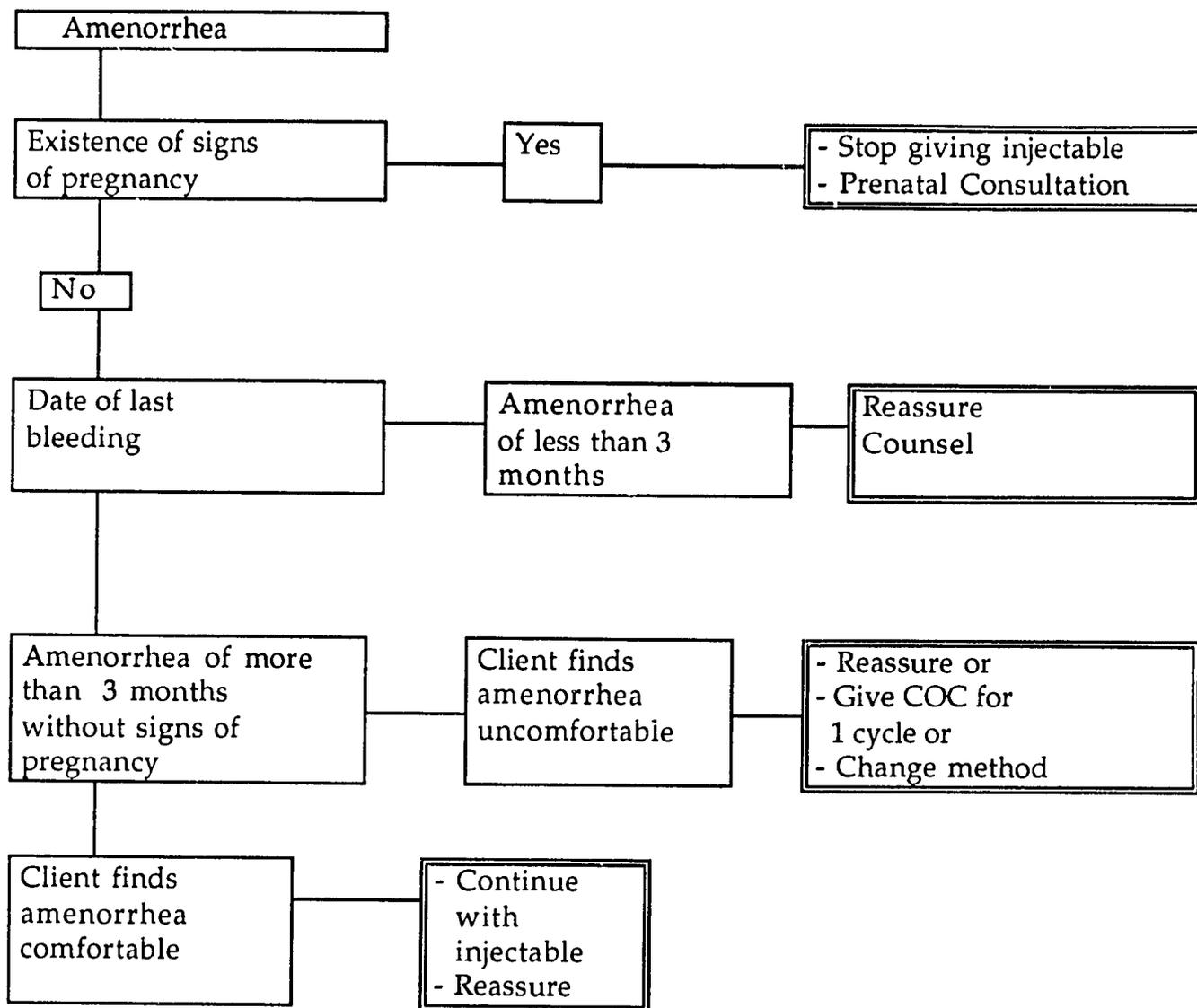
5. Fix a date for the next RV

- During the first visit:
 - give the 1st injection
 - give a RV 8 weeks from then (NORISTERAT*) OR 12 weeks (DEPOPROVERA *)
- During return visits:
 - Ask whether the client is satisfied, inquire about the date of her last menses
 - Follow the same injection rhythm if there are no complaints

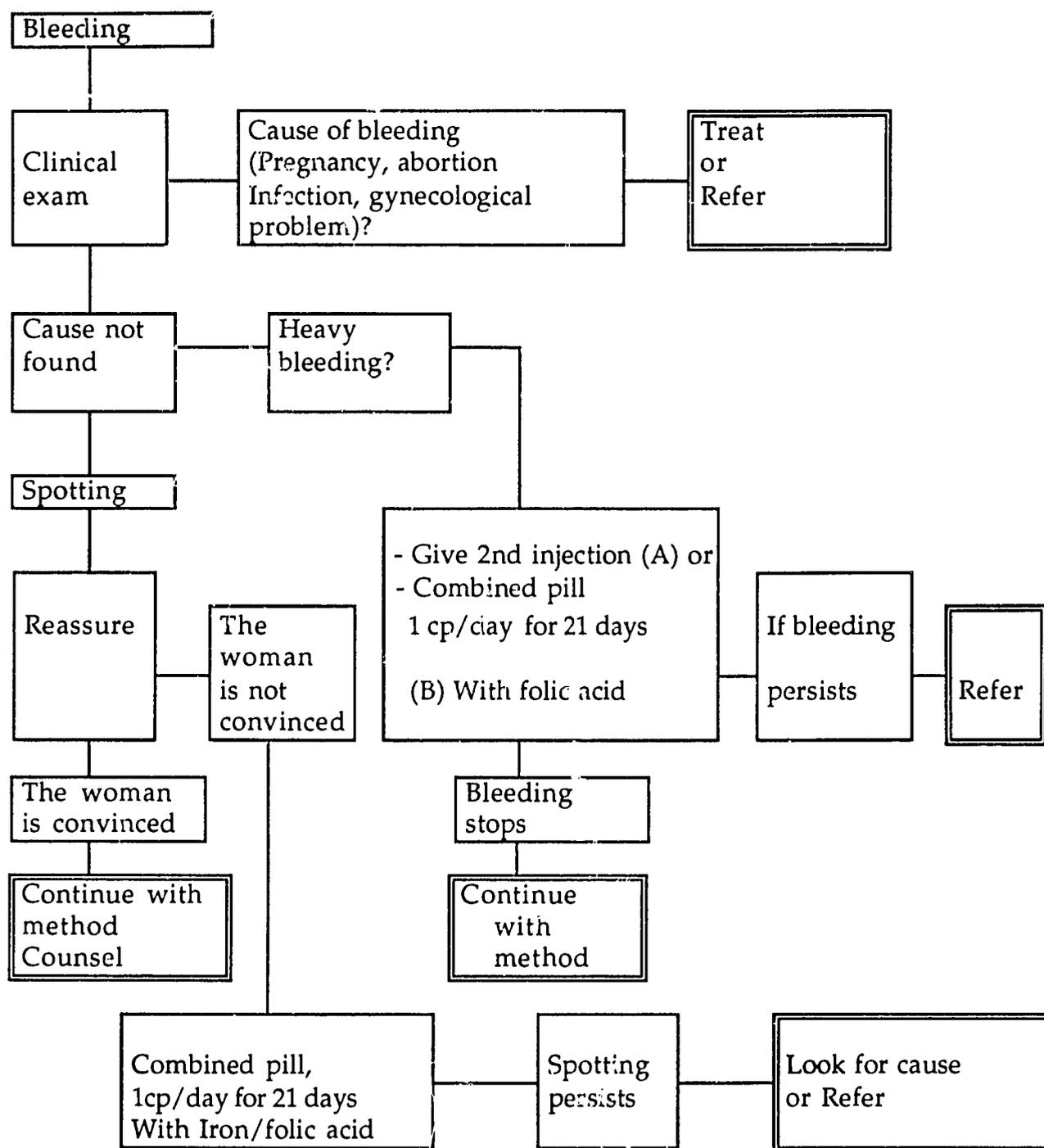
6. Manage the problems encountered

- Ensure that the client has respected her RVs and injection schedule
- Perform a clinical exam
- Apply the algorithms in case side effects occur:

Amenorrhea while on Injectable



Bleeding while on Injectable

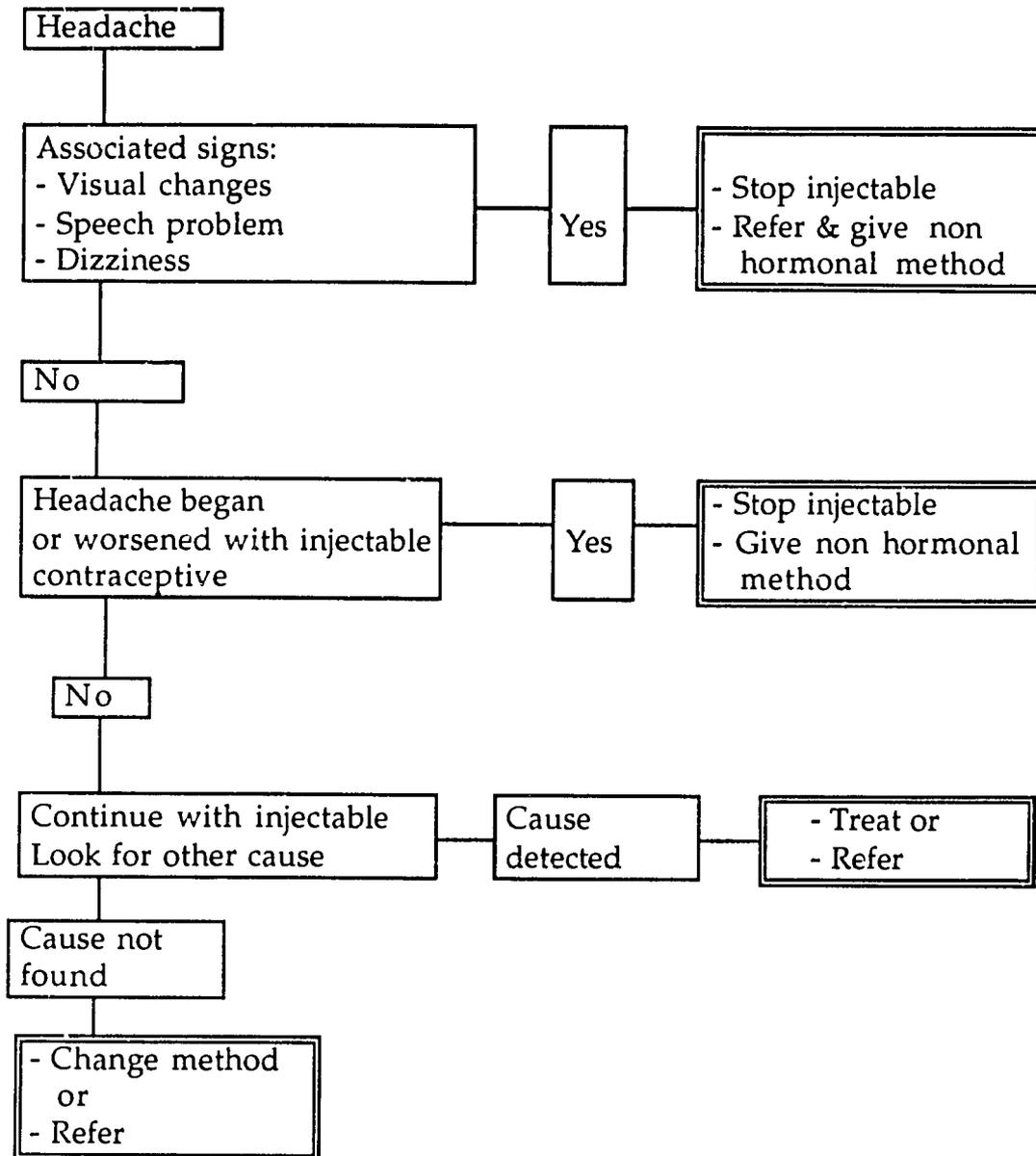


(A): If the client is between the 5th and 12th week after the first or 2nd injection

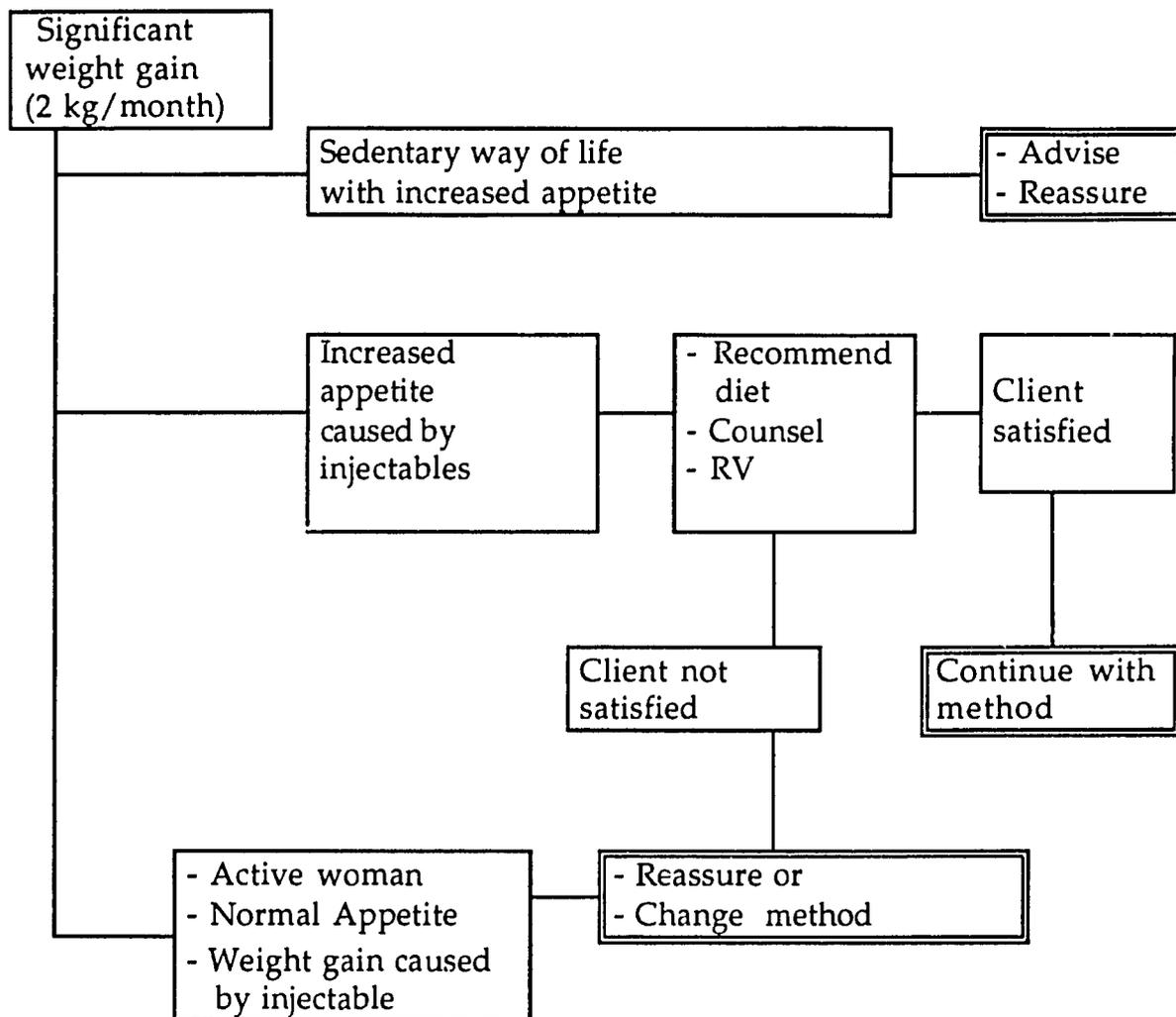
(B): If the client is on or after her third (3rd) injection

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Headache while on Injectable



Weight gain while on Injectable



THE NORPLANT®

1. Introduce the Norplant®

- Use, show and encourage the client to examine a sample of the Norplant®
- Use adapted visual aids
- Use a simple and clear language understood by the client
- Make sure the client has understood the explanation
- Indicate the site for the insertion.

2. Describe the major advantages and disadvantages

- Encourage the client to share her fears and the rumors she had heard about Norplant®
- Listen to the client and answer all her questions
- Describe the main advantages : very effective, reversible and hardly visible
- Describe the main disadvantages:
 - Especially the menstrual problems
 - * irregular or intermenstrual bleeding
 - * prolonged menses in the first months of use

3. Refer to the checklist for instructions

- Respect the selection criteria of the client who chooses the Norplant®
 - a) Women breast-feeding for more than 6 weeks
 - b) Women desiring continuous contraception
 - c) Women desiring long birth-spacing
 - d) Women having the desired number of children but who do not want a tubal ligation
 - e) Women considering tubal ligation but who have not yet taken a final decision
 - f) Women unable to use pills containing estrogens

Apply the corresponding instructions if the answer to any of the questions below is "Yes".

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
1. Suspected pregnancy		Yes	<ul style="list-style-type: none"> - Confirm pregnancy - Do not insert Norplant® - Refer for prenatal consultation
2. Does bleeding occur in between menses or after sexual intercourse? Abnormal bleeding		Oui	<ul style="list-style-type: none"> - These signs indicate a gynecological problem - Determine cause of bleeding - Treat or refer before inserting Norplant®
3 Jaundice - Enlarged liver - Liver pains		Yes	<ul style="list-style-type: none"> - These signs indicate acute hepatitis - REFER - Help client choose non-hormonal method
4. Any chestpains with : - shortness of breath - difficulty in breathing - Irregular pulse greater than 100/mn - Pain or edema in the lower limbs - Signs of thrombophlebitis		Yes	<ul style="list-style-type: none"> - These signs indicate a serious cardio-vascular disease - REFER the client - Do not insert the Norplant® - Help choose a non-hormonal method
5. BP higher than 16/9 with or without migraine		Oui	<ul style="list-style-type: none"> - Refer or Treat - Insert the Norplant® and give close follow-up

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
6. Suspicious lumps in the breast		Yes	- Help client choose a non-hormonal method - Refer
7. Suckling baby of less than 6 weeks old		Oui	- Recommend exclusive breast-feeding - Insert Norplant® when the baby is 6 weeks old
8. Existence a pelvic infection with fever, pelvic pains and vaginal discharges Genital ulcers		Oui	- These signs indicate the presence of STD - Treat or Refer - Insert Norplant® - Advise the use of condoms (or spermicides)

4. Explain the mode of use

- Explain the surgical procedure: painless or with mild pain (local anaesthesia)
- Explain that the Norplant® should be inserted within the first 7 days of the menstrual cycle and in the absence of pregnancy
- Indicate the site for insertion of the Norplant®
- Explain that the duration of the insertion takes 10 to 15 minutes
- Show the equipment for insertion
- Explain that the couple can resume sexual intercourse after the insertion
- Perform the insertion, respecting the techniques acquired (if the service provider has been trained)
- Encourage client to ask questions

5. Fix a date for the follow-up visit

- Tell the client the date of the rendezvous and how important it is
- Tell her to come to the clinic whenever she has problems
 - severe abdominal pains
 - bleeding other than menses
 - pain in the site of insertion with/without pus/blood

- Expulsion of the capsules
- frequent headache, migraines or vision problem
- Absence of menses
- Explain to her that the Norplant® should be removed after 5 years, on demand or due to medical indications
- Let her know that the removal of the Norplant® is not painful
- Tell her that after removal of the Norplant® she has the same chances of becoming pregnant as women who do not use the Norplant®
- Explain to the woman that if after the 5 years she still desires the Norplant® she can receive a new set of Norplant® immediately after removal of the old one

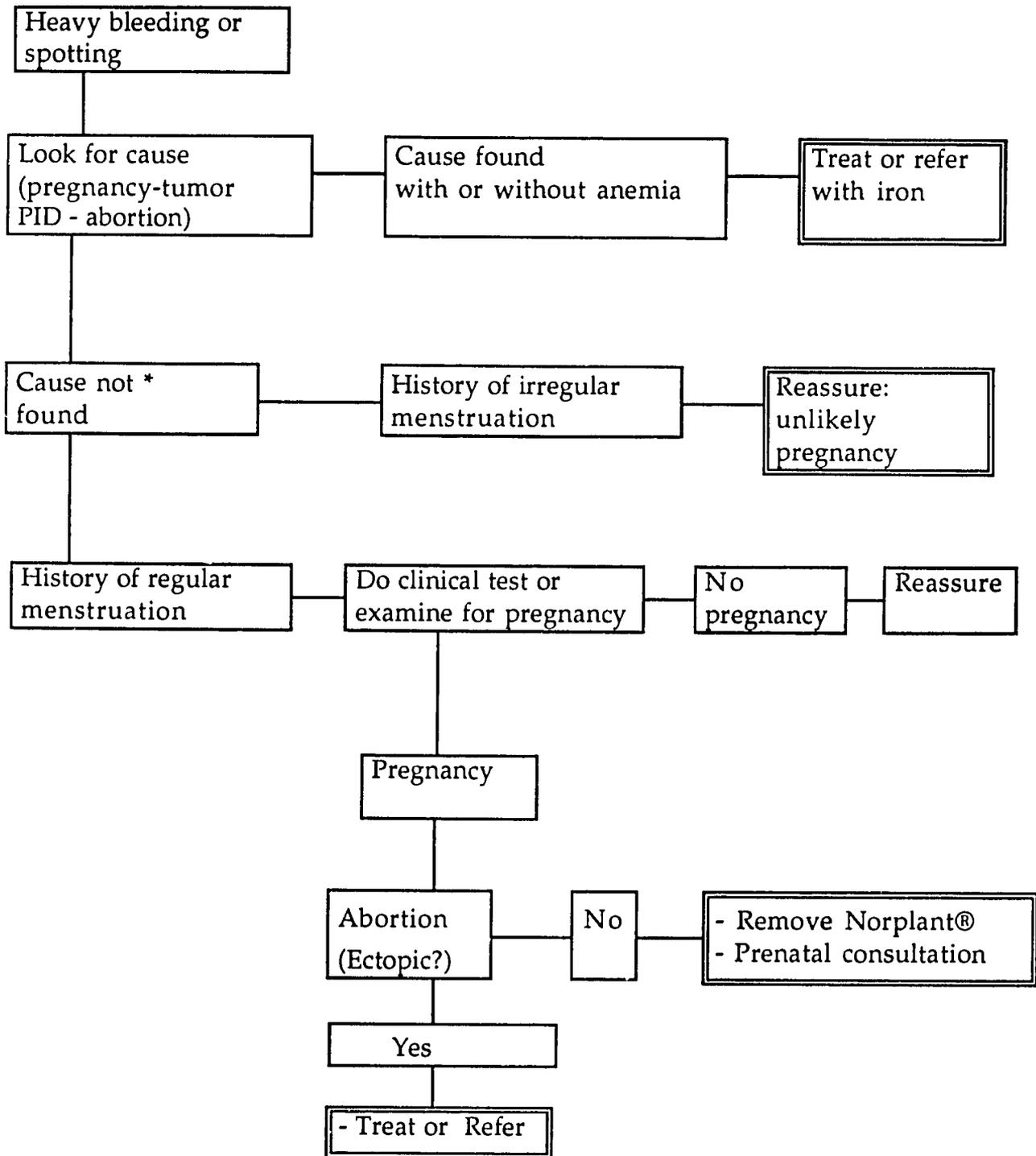
N.B. Always respect the sterile technique strictly during insertion and removal of the Norplant®

- Fix a date for the RV and note it down in the client's card.
 - 1st follow-up visit:
 - After 7 days undo the bandage and check the insertion site
 - 2nd follow-up visit:
 - 1 month after insertion
 - 3rd follow-up visit:
 - 3 months after insertion
 - 4th follow-up visit:
 - every 6 months

5. How to manage the side effects

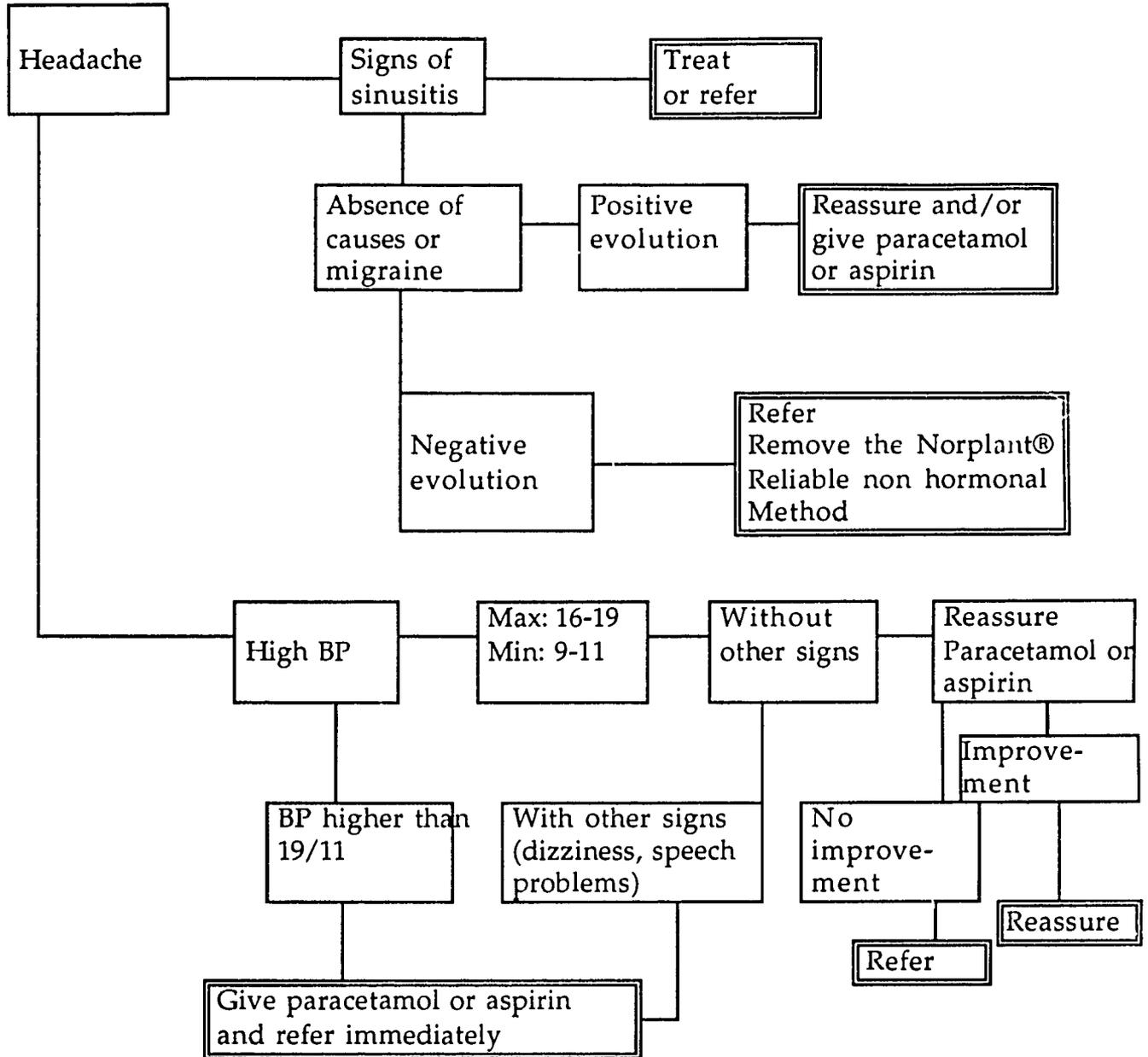
- Do a systematic exam of any client with problems
- Apply the decision trees below, when managing side effects

Bleeding during Norplant® use

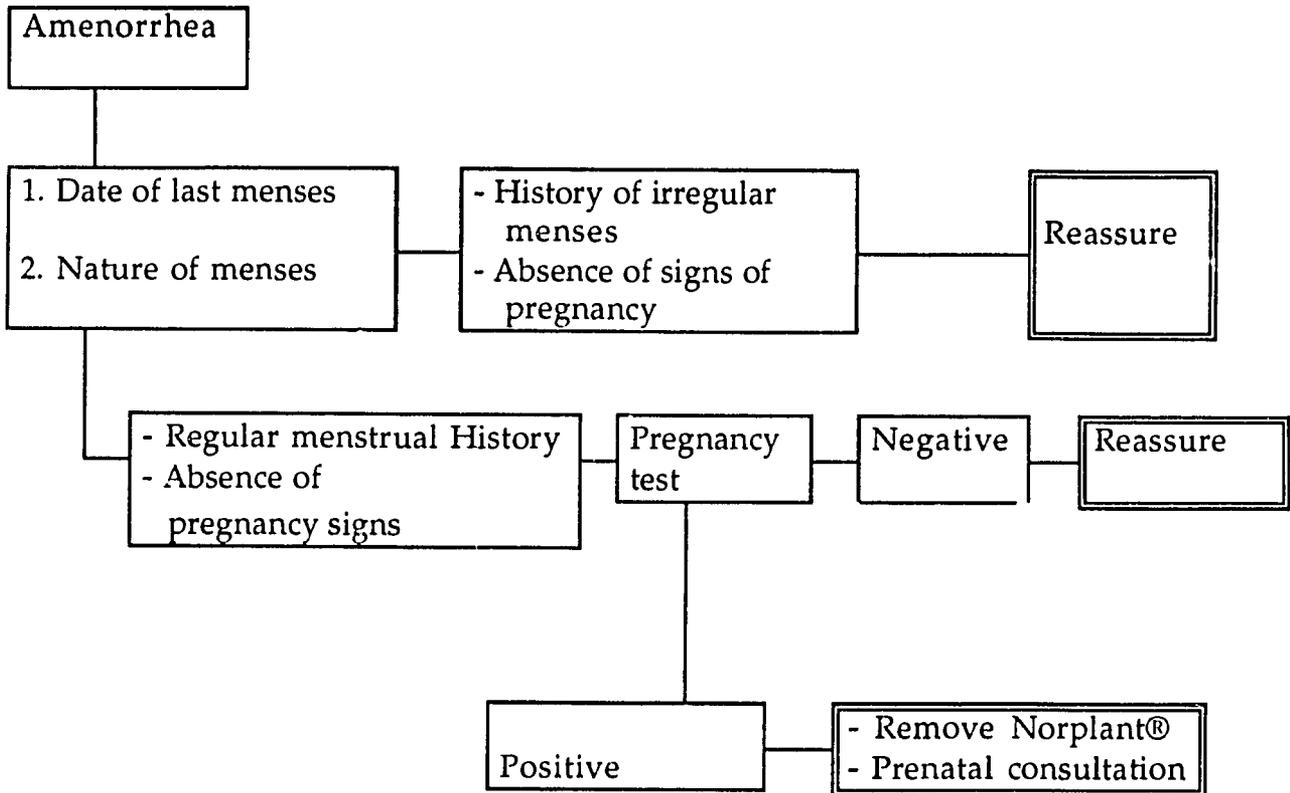


* Give 1 COC per day for 21 days if very heavy bleeding

Headache with Norplant® use



Amenorrhea with Norplant® use



THE INTRA-UTERINE DEVICE (IUD)

1. Define the Intra-Uterine Device

- Show, give a sample of the IUD to the client to examine
- Use some visual aids and models (uterus)
- Use clear simple language
- Make sure the client has understood explanation

2. Name the major advantages and disadvantages

- Encourage the client to share her fears and rumors she has heard about the IUD
- Describe the major advantages of the method: very effective, easy to use, discreet and of long duration (TCU 380A has a lifespan of 8 years)
- Describe the major disadvantages: the IUD might increase susceptibility to genital infections (STD), cramps and/or pelvic pains, spotting and/or hypermenorrhea

3. Consult the checklist for the appropriate instructions

- Always do a clinical exam (Speculum and bimanual examination) before applying the following corresponding instructions if the following signs appear:

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
1. Childbirth within the last 6 weeks		yes	- Wait for at least 6 weeks after childbirth before inserting the IUD
2. Has client had an abortion recently? (within the last 4 weeks)		yes	- The IUD can be inserted in the absence of heavy bleeding or infection after an abortion

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QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
3. Suspected pregnancy? - Signs of pregnancy?		yes	- Rule out pregnancy before inserting the IUD - If still in doubt wait until the next menses occur before inserting IUD - And give temporary method until the diagnosis is confirmed
4. Hypermenorrhea or acute dysmenorrhea?		yes	- Encourage the client to choose another method
5. Any recent (3 months) serious repetitious pelvic infection (STD) - Has client been exposed to STD?		yes	- Do not insert the IUD - Treat or refer - Help the client to choose another method.
6. Exposure to STDs or/and Ectopic pregnancy history with exposure to STDs		yes	- Insert the IUD and recommend the condom - Help the client to choose another method
7. Existence of a genital ulcer, endocervical or vaginal discharge with or without adenopathy - Existence of cervical ulcer or tumor or bleeding after sexual intercourse - Existence of abnormal tenderness of the cervix or ovaries, tubes		yes	- These signs indicate the presence of an infection (STD) or a pelvic inflammatory disease - Treat; do not insert IUD before healing - Give a temporary method before check-up visit
9. Is there scarring of the uterus, any tumor or bleeding after sexual intercourse? - Any intermenstrual bleeding		yes	- This indicates an acute cervicitis or cancer of the cervix or another gynecological problem - Do not insert the IUD - Help the client to choose a non-hormonal method - and refer

4. Describe how the intra-uterine device is used

- Go through the following steps with the client before inserting/removing the IUD:
 - Reassure the client, win her confidence
 - Briefly explain the insertion and removal procedures
 - Encourage the client to ask questions
 - Tell the client that she will feel a little pain during insertion/removal
 - Ask the client to go and urinate
- After the insertion
 - Write down the type of the IUD and the date of insertion in the client's card
 - Using a sample or visual aids teach the client how to check the IUD string
 - Tell her to check the strings every month after menstruation without pulling them out
 - Explain to her that her menstrual flow may be heavier than usual, especially during the first three months after insertion
 - Tell her that she may have cramps in the first three days following the insertion
 - Tell her to abstain from sexual intercourse during the first three days after insertion
 - Tell her to wash her vagina with clean water and ordinary soap
 - Tell her to use condoms if she has several partners
- How to insert the IUD (insertion of TCu 380 A):
 - Insert the IUD between the 3rd and last day of menses
 - If woman is a nursing mother, insert the IUD from the 6th week of post-partum
 - If the client is in amenorrhea rule out pregnancy before inserting the IUD
- Prepare the equipment before deciding upon the insertion (complete set set of sterilized IUD and IUD Kit)
- Ensure that there is a source of light
- Put the client in a gynecological position
- Clean the vulva with an antiseptic solution
- Do a bimanual (IVE) with a two-finger glove to confirm the size and position of the uterus and to eliminate the presence of a disease (especially STD/PID)
- Wear sterile gloves

- Insert the speculum and clean the cervix with an antiseptic solution starting from the os of the cervix towards the periphery
- Clamp the cervix in the 10 and 2 o'clock positions
- Gently pull the tenaculum toward you to bring the uterus to a horizontal position
- Hold the uterine sound between the thumb and the index finger and gently and with care insert it into the os and the cervical canal while maintaining traction with the tenaculum

N.B: Never use force: if the client feels great discomfort stop the operation

- Push the uterine sound down to the fundus of the uterus
- Withdraw the uterine sound in order to determine the depth of the uterus

N.B: Do not insert the IUD if the depth of the uterus is less than 6 cm

- Set the IUD according to the Non-touch technique
- Adjust the blue collar of the inserter to the depth of the uterus indicated by the uterine sound so that it stays in the same horizontal position as the T arms (the inserter tube)
- Pull the uterine sound outward
- Gently introduce the loaded IUD through the cervical canal until the collar reaches the cervix while in horizontal position
- Maintain the uterine sound and the white rod with the same hand
- And with the other hand, withdraw the inserter up to the ring of the rod without displacing the rod
- Slowly push the inserter upwards to be sure that the IUD has reached the top of the uterus
- Remove the rod and the inserter
- Cut the strings to 2 - 3 cm from the cervix
- Remove the uterine sound and mop up the cervix if bleeding occurs
- Remove the speculum
- Protect client with pad
- Let client lie down and rest for 5 minutes
- If the client does not feel sick, help her to sit up slowly

How to remove the IUD:

- Preferably during clients menstrual period
- Prepare the same equipment as needed for IUD insertion
- Perform a bimanual and speculum exam
- Clean the cervix and the vagina with an antiseptic solution
- Identify the strings
- Tell the client that you are going to remove the IUD
- Tell her to breathe in deeply and then relax
- Grasp the strings with the forceps and withdraw them slowly
- Show the IUD you have removed to the client
- Write the type of IUD extracted and date of removal in the client's card

N.B.: Refer client in case of difficulty in removing IUD

5. Fix a date for the follow-up visit

- Tell client the date of the rendezvous and stress on its importance
- Tell her to return to the clinic any time she has a problem

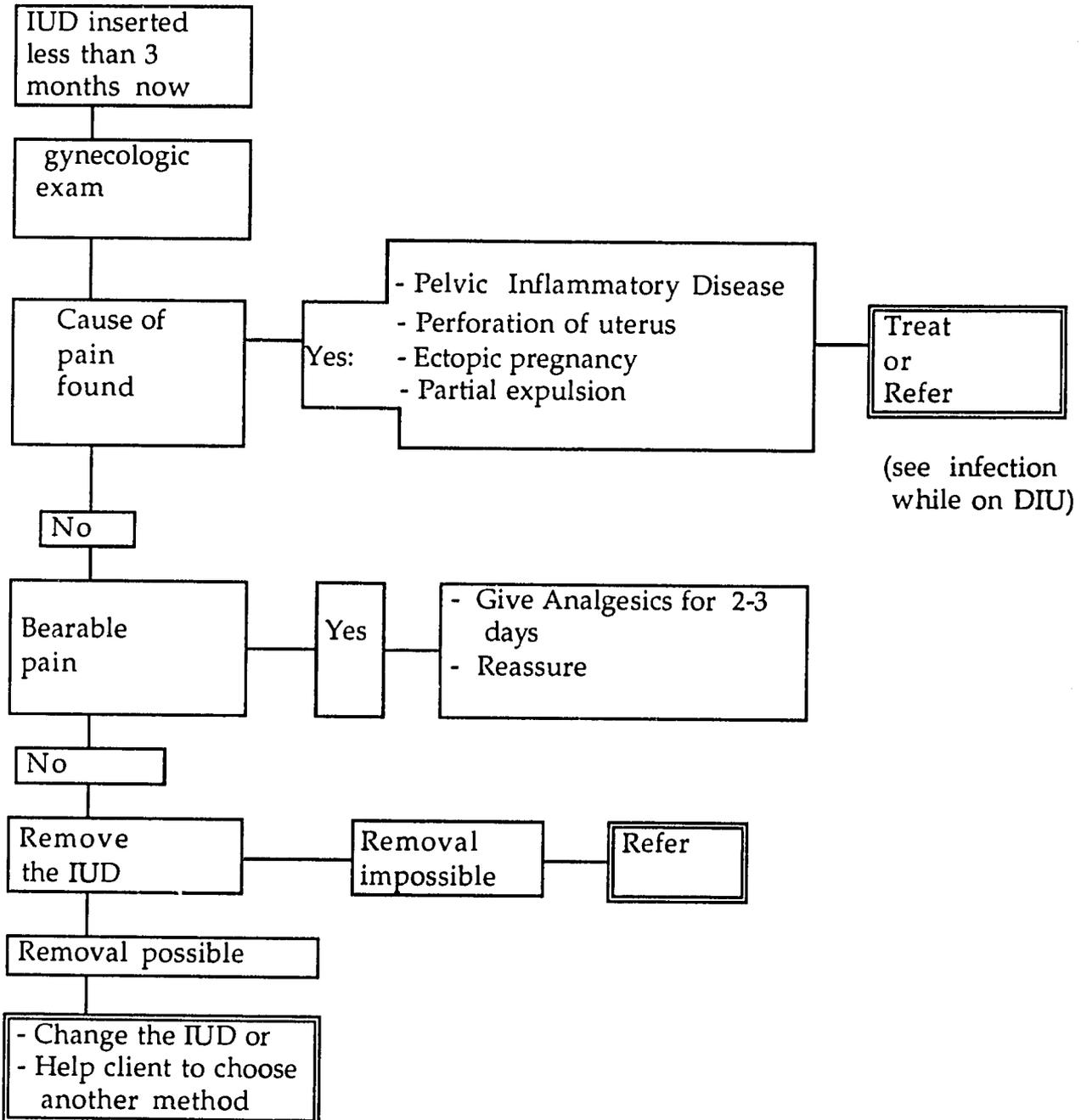
1st follow-up visit:	immediately after the client's next menses
2nd follow-up visit:	12 weeks after the first visit (after her menses)
3rd follow-up visit:	every 6 months (after her menses)

6. How to manage the side effects

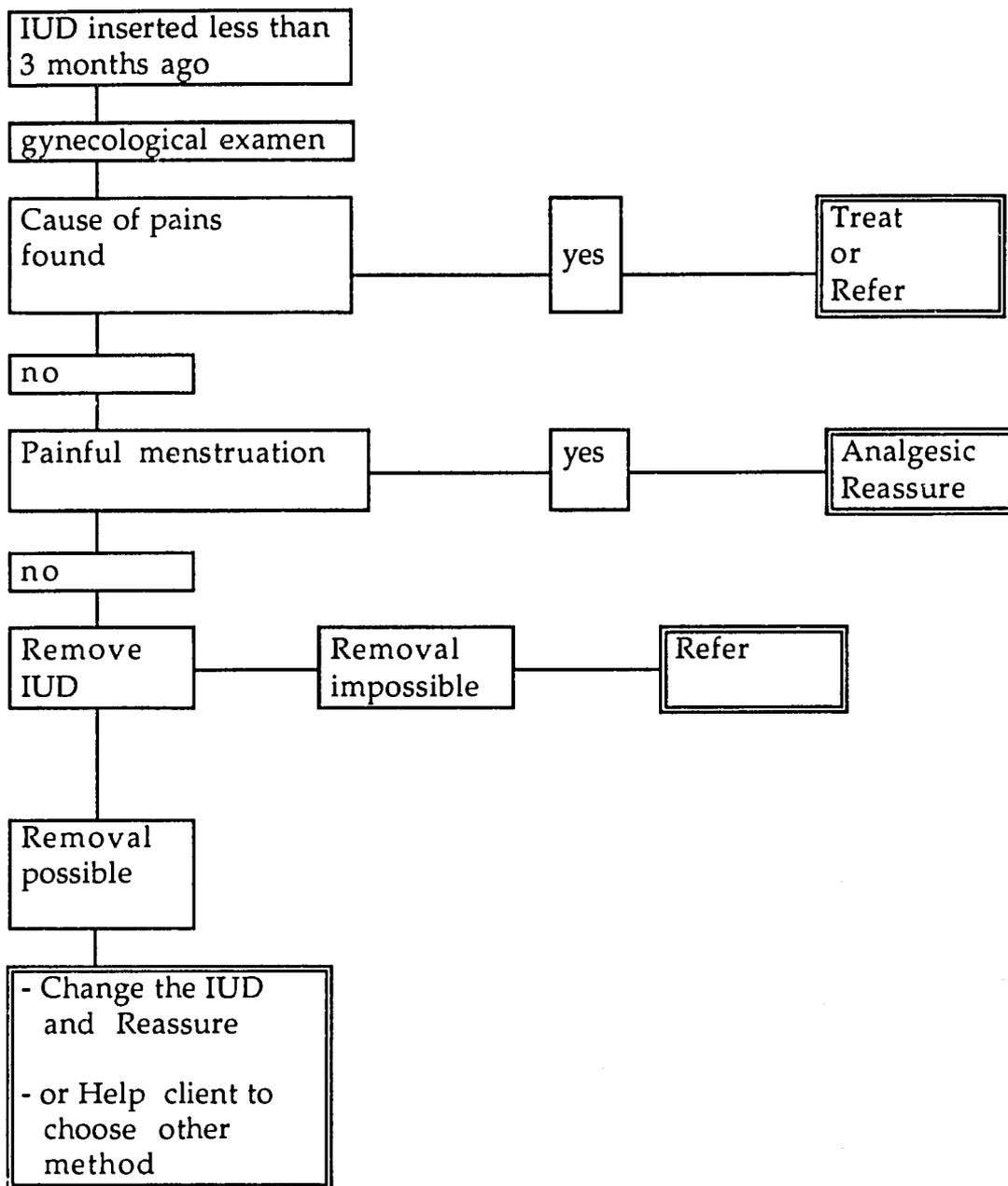
- Do a systematic exam of any client with problems
- Apply the decision trees below, when managing side effects

Cramps and pain with IUD use

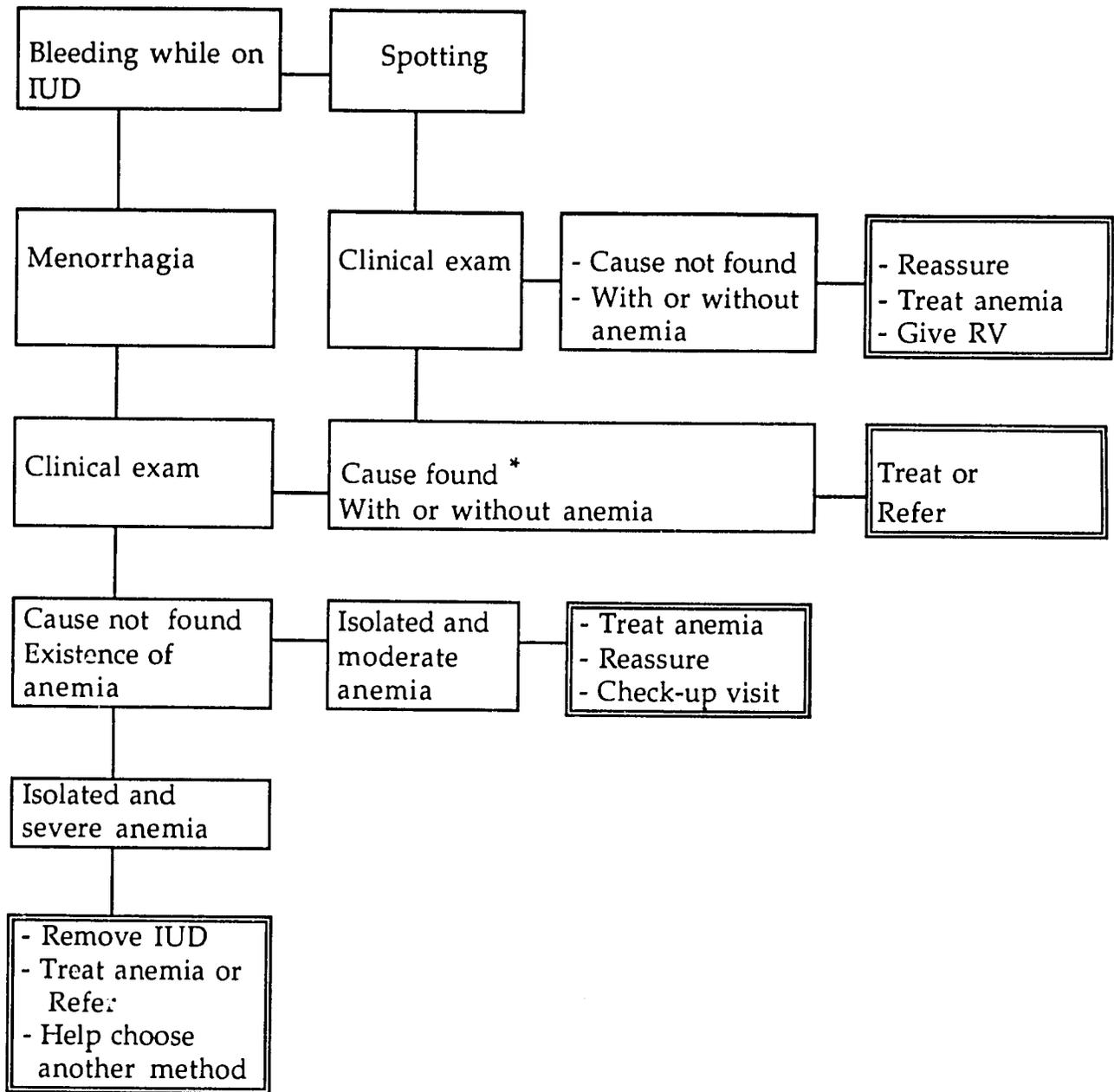
1. The IUD was inserted less than 3 months



II. IUD inserted less than 3 months ago



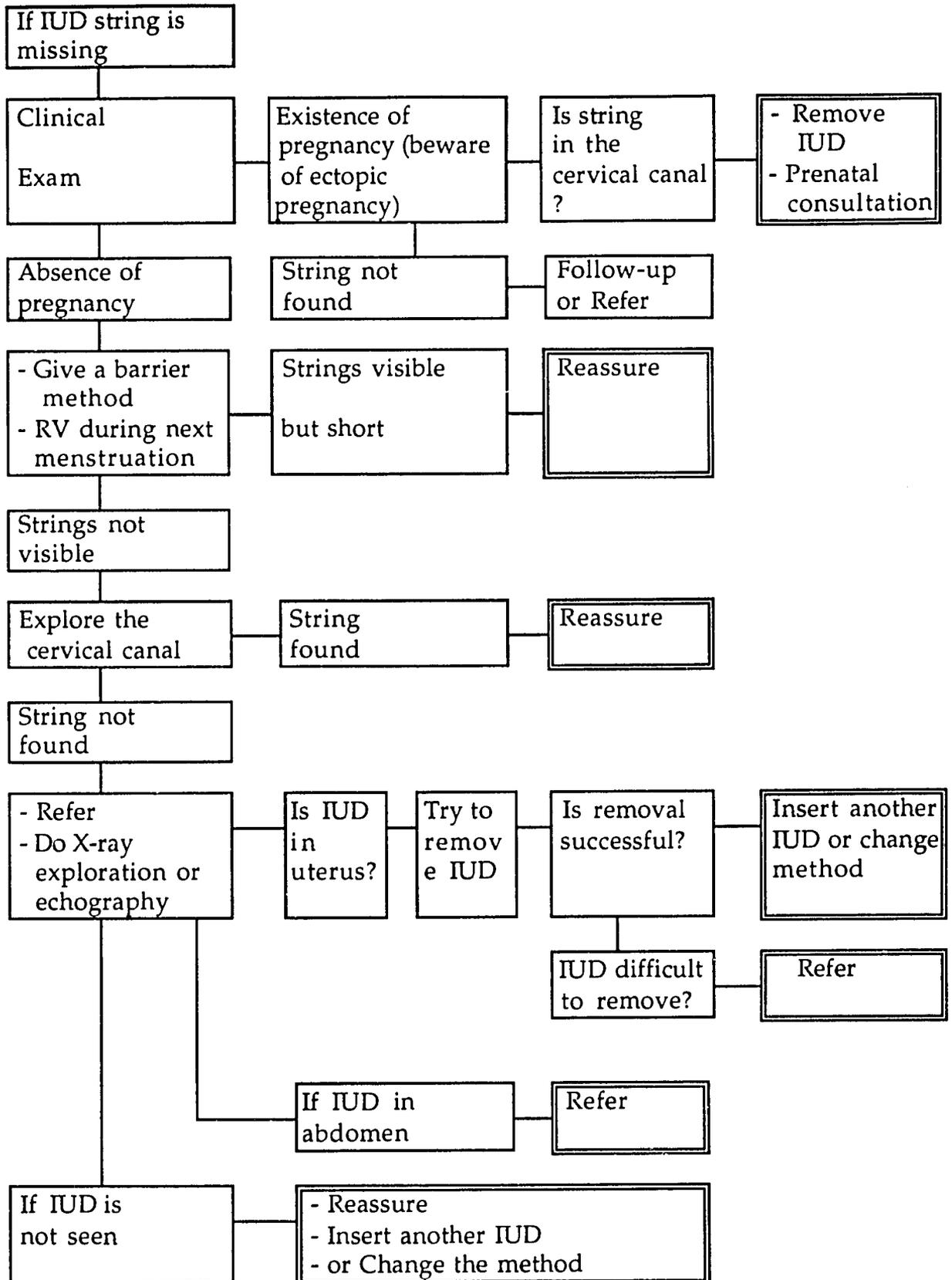
Bleeding with IUD use



Possible diagnosis :

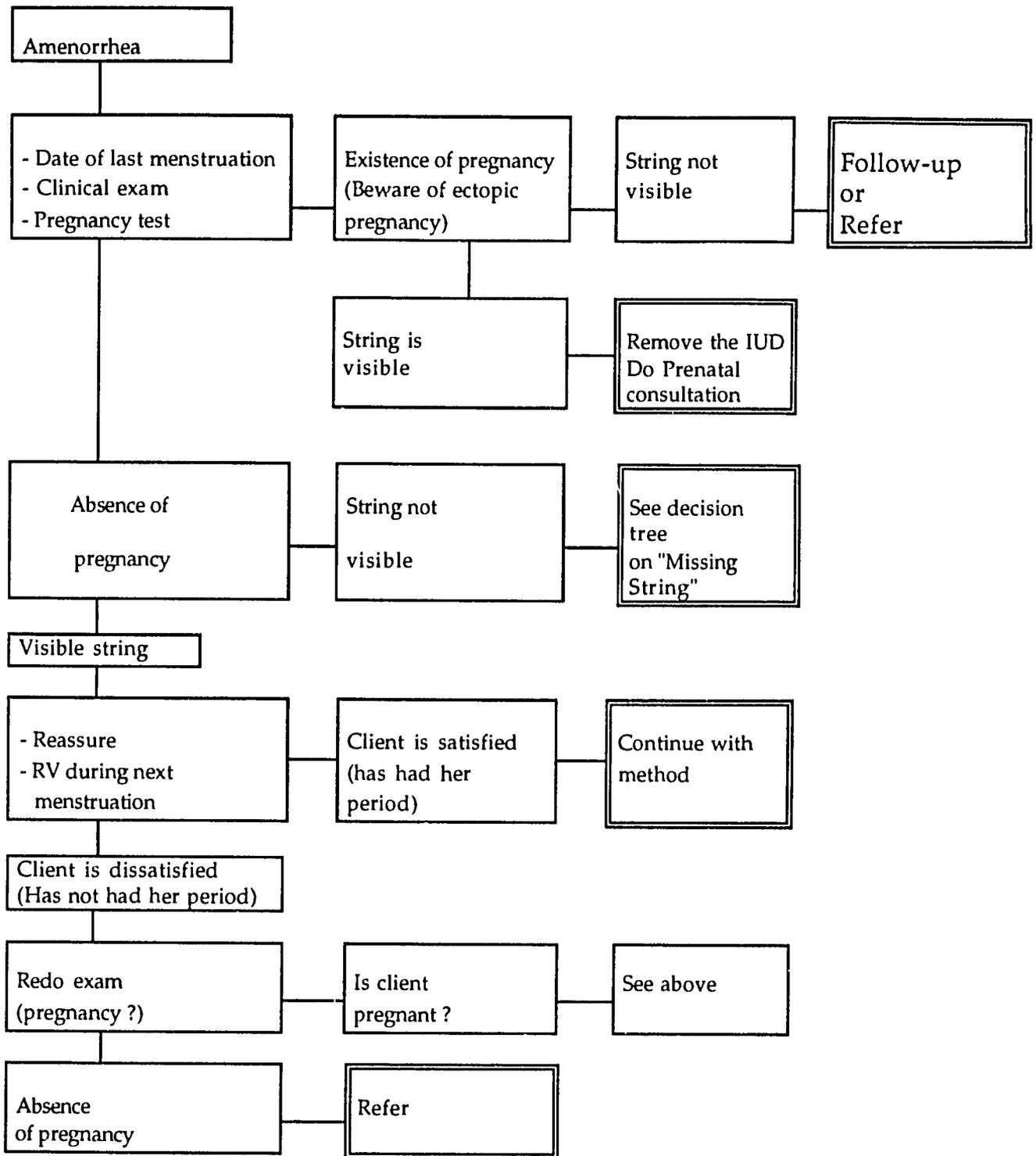
- Infections
- Partial expulsion
- Genital cancer
- Polypes

Missing IUD String



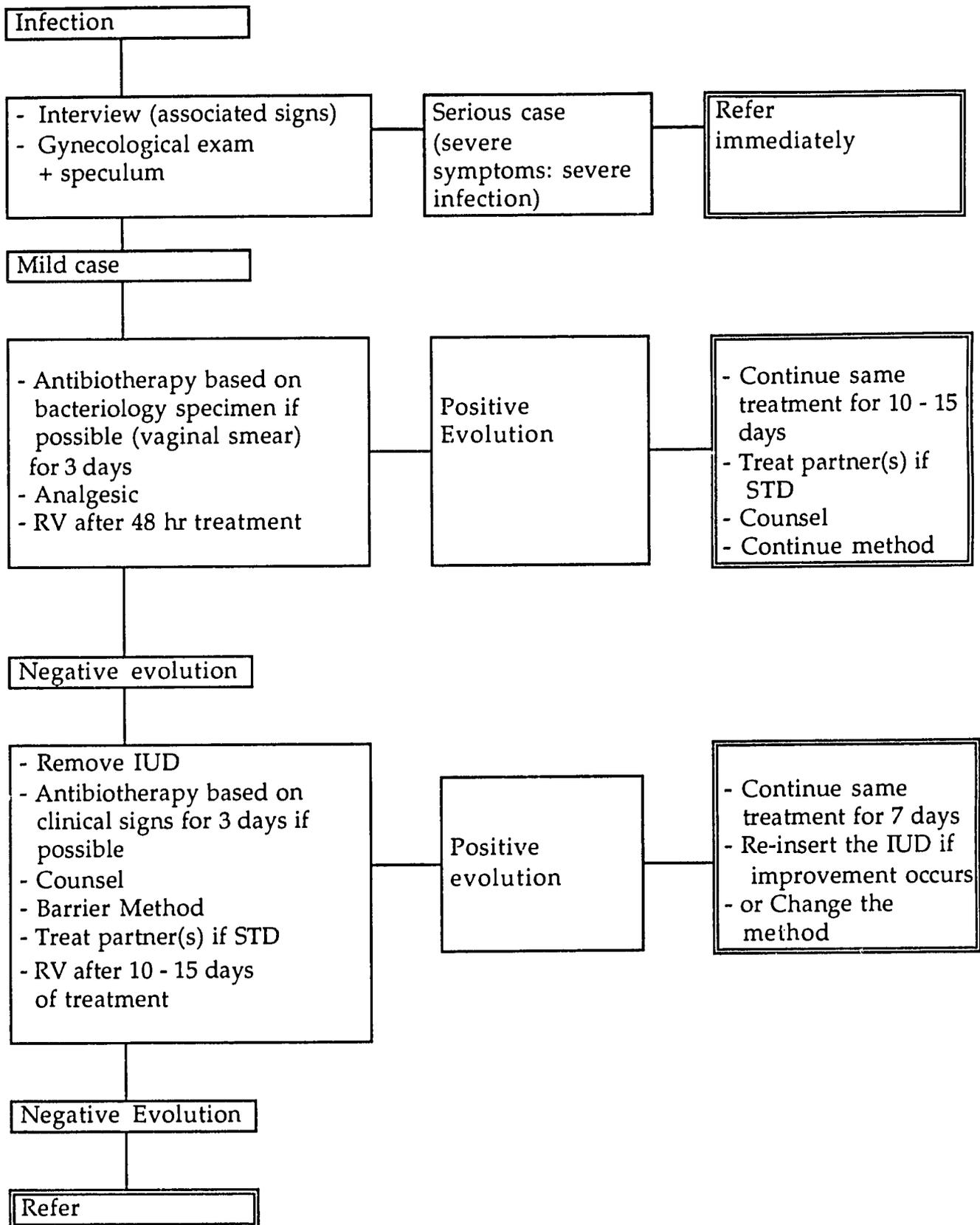
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Amenorrhea with IUD use



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Infection with IUD use



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VOLUNTARY SURGICAL CONTRACEPTION (VSC)

1. **Define the Voluntary Surgical Contraception**
 - Use clear simple and adapted language
 - Use some models and visual aids (uterus)
 - Insist that the couple meet you together and put them at ease
 - Ensure privacy and confidentiality
 - Ask the couple what they know about VSC

 - Stress on the fact that the choice of the VSC is voluntary and that it is a permanent and irreversible method
 - Indicate the place and the conditions of the VSC procedure
 - Listen to question or rumors they have heard (about male impotence, frigidity of the couple, amenorrhea in the woman...) and take time to reassure the couple/client
 - Fill out a VSC procedure form
 - Give the couple a consent form to be filled out and returned at a given time (after 6 months of reflection.

2. **Describe the major advantages and disadvantages**
 - Use simple and language
 - Give particular attention to the rumors revealed by the couple
 - Make sure the couple understands the the method
 - Describe the main advantages: almost total effectiveness
 - Describe the main disadvantages: irreversible method, minor cramps and pains after the operation.

3. **Before applying the instructions:**
 - Do a complete clinical exam
 - Ask for "complementary tests based on the clinical signs found"
 - Insist that the interview be directed towards the obstetrical/gynecological history of the couple
 - Interview the couple separately and then together
 - Make sure the client/couple meet the following criteria:
 - woman over 35 years

- woman having at least 5 living children
- reflection time of at least 6 months while on another method
- Be sure the consent form has been signed and notarized

If the couple's answer is "Yes" to one of the following questions :

- couple want another pregnancy ?
- couple have conjugal problems?
- couple have fears about the VSC??

Then go ahead and:

- counsel as appropriate
- and reassure
- or help the couple to choose another method

4. Explain the VSC procedure

- Tell the couple that the VSC is performed by a trained staff
- Be reassuring: tell them that VSC is a single surgical procedure which does not require long hospitalization: it takes a few hours (48 hours at most)

VASECTOMY:

- Explain the following condition for performing vasectomy: local anesthesia, ligation of the vas deferens on both sides: (duration of 10 - 15 minutes)
- Give the following recommendation to be followed after the vasectomy
 - rest for the first 2-4 days after the intervention
 - the method is effective 3 months (or 20 ejaculations) after the operation (do a spermogram after 3 months if possible)
 - an additional method is needed during this period
 - return to the clinic if pain, fever or bleeding occurs

TUBAL LIGATION:

- Explain the following conditions for performing tubal ligation
 - local anesthesia (mostly)
 - section - ligation of both fallopian tubes mostly by abdominal way

- a tubal ligation can be performed at any time (in the absence of pregnancy, after an abortion, after childbirth).

- Advise the client to do the following after the operation:

- rest for the first week following the operation
- efficient immediately after operation
- return to the clinic if pain, fever or bleeding occur

5. Fix date for follow-up visit

- Note down and explain the RV to the couple/client

- 1st visit:

- 1 month after the operation check the incision site

- 2nd visit:

- 3 months after the 1st visit : ask the man for a spermogram

- Subsequent visits:

- the couple should return to the clinic according to their needs

- Keep close contact with the couple/client

- Answer all the questions the couple/client may have

- Keep the file on the couple

NATURAL FAMILY PLANNING METHODS

1. Describe the Natural Family Planning methods

- Use visual aids and the necessary equipment:
 - thermometer and body temperature chart
 - sample calendar of a 28 day menstrual cycle indicating the menstrual period, the ovulation period and changes affecting the cervical mucus
- Use a simple and culturally appropriate language and examples
- Explain the term "Natural method"
- Describe the main natural methods one after the other and make sure that the client understands the explanation
 1. the calendar method
 2. the temperature method
 3. the cervical mucus method
 4. the (periodic) sexual abstinence method
 5. the sympto-thermal method
- Ask the client which of these methods she has already used
- Ask the client which of these methods she would like to use
- Fill in the client's card indicating the method chosen

2. Describe the major advantages and disadvantages

- Encourage the client to share her fears and rumors she has heard
- Encourage the client to ask questions
- Give simple and clear answers to the client's questions
- Describe the major advantages : absence of side effects; always available
- Describe the main disadvantages: less effective than "modern" methods ; necessary training period, observation and daily recording of symptoms; prolonged (sometimes long) abstinence period

3. Consult the checklist for instructions

- Do a clinical exam in order to:
 - eliminate any vaginitis for the client who chooses the cervical mucus method
 - to detect any other pathological case

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
<ul style="list-style-type: none"> Inability of the partner to abstain from sex during the fertile period 		Yes	<ul style="list-style-type: none"> Help the client choose another method or Advise the use of a barrier method during the fertile period
<ul style="list-style-type: none"> Irregularity or menstrual problems 		Yes	<ul style="list-style-type: none"> Help the client to choose another method

4. Explain instructions for applying the natural methods

- Use culturally adapted visual aids
- Use simple and clear language
- Take time to explain all the methods
- Explain to the client how these methods are used in the presence of her partner
- Inquire about the client's last 6 cycles (duration)
- Inquire about the signs following various periods of the cycle (ovulation)

Explain how to use the calendar method

- Define the method: according to the ovulation date
- Determine the longest and shortest cycle
- Determine the fertile period :

Ex.: regular cycle of 28 days = fertile period from the 10th to the 17th day (14 - 4/14 + 3)

- irregular cycles: fertile period: from (shortest -20) to (longest cycle - 10)
- Note down this period in the client's card and file
- Make sure the client understands the necessity to abstain from sex during the fertile period

Explain how to use the Basal body temperature method

- Show the client a thermometer and teach her how to read it
- Teach the client how to fill out a temperature chart

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- Explain when and how to take the temperature (in the morning before getting out of bed, every day, for at least 1) month.
- Explain how it works with the help of a sample temperature graph :
- Make sure that the client understands the explanation, can read the thermometer and record the temperature

Explain how to use the cervical mucus method

- Explain Using pictures, explain the "dry" and "wet" periods of the woman's menstrual cycle
- Teach her to plot her period on a calendar ("fertile" and "infertile")
- Explain how the mucus method works according to ("fertile" and "non fertile") days
- Tell the client to abstain from sexual intercourse in the "wet" period and that she can have sexual intercourse in the "dry" period
- If the couple wants to have intercourse in the "wet" period, a barrier method should be used

Explain how to use the sympto-thermal method

- Name and explain the ovulation signs to the client
- Explain how the method works according to the thermal changes and one (or several sign(s) of ovulation
- Indicate the fertile period using examples:
 ex: Beginning = date on the calendar or appearance of the cervical mucus (fertile)
 End = 3 days after the thermal gap
- Make the client repeat the principle to you

Explain how to use the Periodic sexual abstinence method

- Explain the principle to the client/couple : the couple should avoid having sexual intercourse within the period they choose
- Make sure that the client/couple has understood the method

5. Fix a date for the follow-up visit

- Tell the client to return to the clinic if:
 - she is not sure (or is unable) to follow the instructions that go with the method

- her partner does not abstain during the abstinence period
- she wants to change the method
- she has noticed changes in her menstrual cycle (spotting, amenorrhea...)
- Fix a RV every 15 days for the first 3 visits
- Make sure the client can recognize the fertile period
- Ask about the problems she may have encountered and give explanation/solutions to these problems
- Fix dates for subsequent visits :
 - on request
 - according to the confidence of the client

6. Manage the problems encountered

- Write down problems/infections which affect the signs for monitoring the fertile period (fever, pain, insomnia, stress, vaginitis and a non-cooperating partner)
- Advise client to use barrier methods simultaneously or change methods

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BREAST-FEEDING

1. **Define breast-feeding and explain how it works as a family planning method**
 - Use simple, straight-to-the point and culturally adapted language
 - Use visual aids to illustrate the advantages of breast-feeding for the mother and child
 - Ask the client what she know about breast-feeding as a contraceptive method
 - Complete her knowledge if necessary by pointing out that breast-feeding is an effective contraceptive method when it is intensive, prolonged or used exclusively during the first six months of post-partum and prior to the return of menses
 - Explain that breast-feeding has almost the same effect as the other methods (suppresses ovulation and thickens the cervical mucus) if the above conditions are respected
 - Ask questions to make sure that the client understands the method

2. **Name the major advantages and disadvantages of breast-feeding**
 - Encourage the client to ask questions and to share the rumors she has heard about it ("milk gets stale because of sexual intercourse ")
 - Take time to correct the rumors
 - Stress on the importance of breast-feeding to the child's health
 - Describe the main advantages :
 - effective, always available, strengthens the bond between mother and child, nutritious, and protects and provides anti-bodies for the baby
 - Describe the major disadvantage
 - the contraceptive effectiveness decrease if one of the conditions is not respected

3. **Consult the checklist for the instruction to be followed**
 - Explore, by interview, the conditions which make breast-feeding not appropriate as a sole contraceptive method
 - Follow the instructions below if one of the given cases/signs is encountered :

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
<ul style="list-style-type: none"> • Return of menses? (Bleeding within the first 8 weeks post-partum is not considered menstrual bleeding) • Baby over 6 months old • Two breast-feeding regularly more than 6 hours apart 		Yes	<ul style="list-style-type: none"> • Explain to the client that breast-feeding as a sole method is no longer effective
<ul style="list-style-type: none"> • Less than 6 breast-feedings per day? 		Yes	<ul style="list-style-type: none"> • Encourage the client to continue breast-feeding and help her choose a more effective method
<ul style="list-style-type: none"> • Baby started taking other food instead of breast milk meals? 		Yes	

4. Explain how it works

- Use simple, straight language
- Use visual aids
- Show the client how to breast-feed her baby (posture, attitude, look, speaking...)
- Explain the hygienic measures of breast-feeding (before and after breast-feeding)
- Tell her to breast-feed the baby on both breasts
- Breast-feed the baby as often and for as long as possible; day and night
- Make sure that the client understands you and be sure she has no more questions

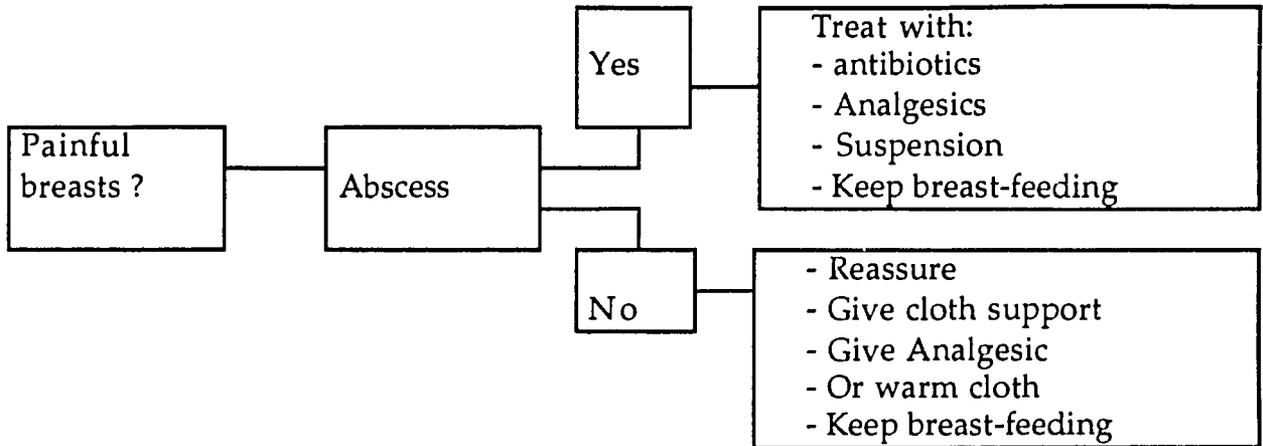
5. Fix a date for follow-up visit

- Note down the RV in the client's card (or booklet)
 - during the first 6 months: follow the child follow-up schedule (weight and immunization) in order to ensure that the conditions for effective breast-feeding are respected
 - in the 6th month: advise to keep breast-feeding and help choose another method
 - tell the client to return to the clinic to get advice on another method as soon as one of the conditions is no more respected.

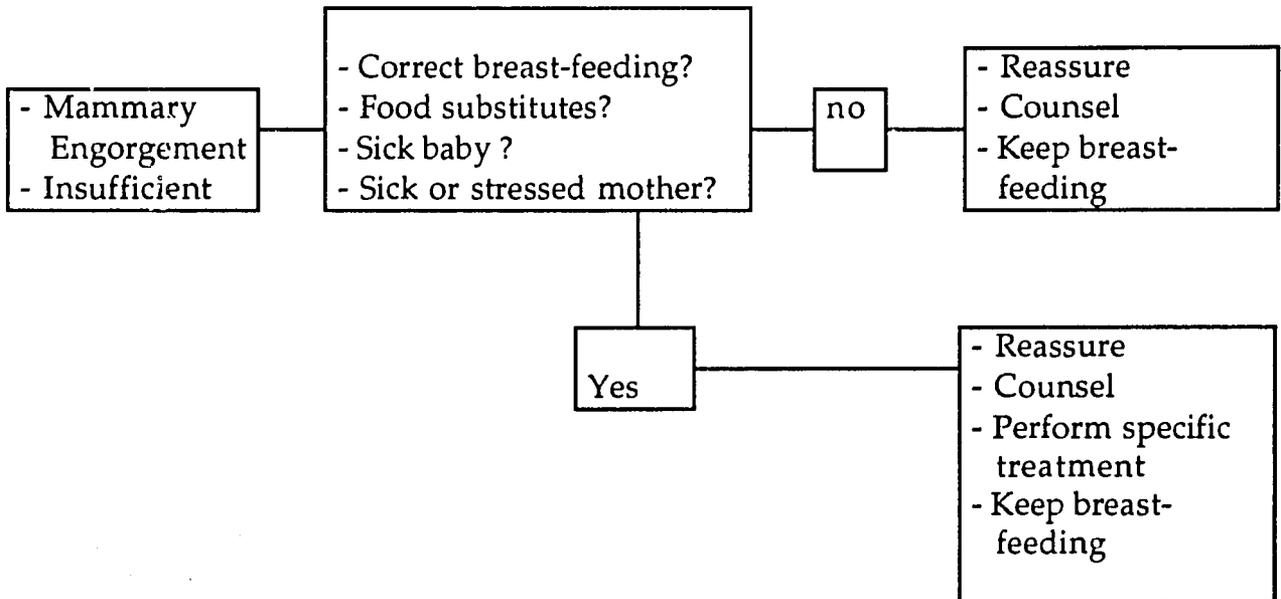
6. Managing breast-feeding problems

- Do a specific interview
- examine the breasts of the client (nipples/adenopathy...)

Painful breasts



Mammary engorgement



THE CONDOM

1. Introduce the method

- Show the client a condom and encourage him/her to examine it
- Use the penis model to demonstrate how to use a condom
- Use simple and clear language

2. Name the advantages and disadvantages of the condom

- Encourage the client to share her fears and rumors about condoms
- Correct these rumors and fears
- Listen to the client and answer all her questions
- Be sure that the client understands by asking her questions
 - Describe the main advantages
 - effectiveness (mostly when used with spermicides), protection against STDs/AIDS, free sale, easy to use.
 - Mention the disadvantages
 - possible reduction of sexual pleasure and of libido

3. Consult the checklist for the instructions to be followed

- Follow the instructions according to the existence of the cases/signs below:

CASES/SIGNS	NO	YES	INSTRUCTIONS
- Client embarrassed to ask her partner to use condoms		Yes	- Conduct a role play with the client - Make a demonstration on a penis models
- Difficulty to keep the penis on erection		Yes	- Advise the client to put the condom on the erected penis of her partner
- Existence of a history of allergy to latex		Yes	- Advise to use water as lubricant and to rule out infection
			- Help client to choose another method if allergy persists

4. Explain how it is used

- Use a model and a sample condom
- Use simple, concise language
- Tell client to put on the condom before any vaginal penetration
- Using the model, explain how the condom is used
 - Before intercourse:
 - put the condom on the erect penis, respecting the sense of the rolling
 - pull on the tip of the condom to leave an empty space for the sperm
 - After ejaculation:
 - while holding the condom at the base of the penis between the thumb and index finger withdraw the penis from the vagina soon after ejaculation
 - remove condom from penis
 - throw it into a septic tank or WC
- Explain that a new condom should be used for each intercourse
- Make sure the client understands the method
- Encourage the client to ask questions

5. Fix a date for the follow-up

- During the initial visit
 - give a supply of condoms (20 to 40 for 3 months)
 - tell the client to come again before the the supply is exhausted
 - ask her whether she is satisfied with the service provided
 - say "goodbye"
- During the follow-up visit
 - ask the client whether she is satisfied with the condom
 - tell the client to return to the clinic if she experiences any problems
- Give the following practical advice :
 - keep the condoms in a cool dry place
 - avoid carrying them in the pockets of your dress for too long and keep them away from light or heat...

THE SPERMICIDE

1. Introduce the spermicide

- Use a simple language
- Show the client a sample of the spermicide and encourage him/her to examine it
- Let client see the various types of spermicides
- Indicate the precise place it is used (vagina)
- Make sure the client understands the method

2. Describe the advantages and disadvantages

- Encourage the client to share her fears and rumors
- Listen to the client and answer all questions
- Be sure that the client understands you by asking her questions
- Name the main advantages: efficient (especially with condoms), free sale and easy to use
- Mention the main disadvantages: excess vaginal humidity, vaginal irritation at times, demands constant motivation of client

3. Consult the checklist for instructions

- Apply the corresponding instructions for the cases below:

QUESTIONS/SIGNS	NO	YES	INSTRUCTIONS
- Client does not want to use the spermicides for each intercourse		Yes	Help the client choose another method
- History of allergy to spermicides		Yes	<ul style="list-style-type: none"> - Rule out vaginal infection - Try another type of spermicide - If the allergy persists, help her choose another method

4. Explain how the spermicides are used

- Show various samples of spermicides
- Demonstrate the use of spermicides by using a model
- Use a simple language
 - Tell her to insert the foam or the cream or the jelly just before sexual intercourse

- the tablets, 10 to 20 minutes before intercourse
- Describe the instructions on how to use spermicides:

how to use the tablets

- wash your hands
- wet the tablet with some water
- insert the tablet deep into the vagina with the finger
- then wash your hands again

how to use the foam and cream

- shake the bottle
- fill the applicator
- insert the applicator deep into the vagina
- push in the plunger of the applicator to fill the vagina
- **Give the following advice**
 - wait for 6 hours after intercourse before doing your personal hygiene
 - wash the applicator with water and soap after use
 - keep the spermicides in a dry and cool place

5. Fix a date for the follow-up

- Note the date on the client's card
- During the initial visit:
 - give a 3 month supply (2 bottles of foam or 20 to 40 spermicides)
 - tell the client to come back to the clinic before the supply is exhausted
 - ask the client whether she is satisfied
 - say "Good-bye!"
- During follow-up visits
 - make sure that the spermicides are properly used
 - ask whether the client is satisfied with the spermicides
- If she is satisfied, give her a new supply and tell her to come to the clinic on request
- Help her choose another method if she is not satisfied

SECTION III: OTHER SERVICES

STEPS FOR POST-PARTUM CONSULTATION

1. Welcome the client

- Greet and welcome her
- Offer her a seat
- Ensure privacy and confidentiality
- Ask for the purpose of the visit
- Inform her about the post-partum services delivered at the center:
eg.: for the mother: clinical exam, FP, vaccination,
for the new-born: weighing, vaccination, nutrition...
- Explain the steps for post-partum consultation
- Make sure that the client understands the importance of the "post-partum consultation"
- Open/fill the client's file and booklet

2. Conduct the interview

- Identify the last client
- Ask for date of her last child birth in order to determine the post-partum period
- Inquire about the place and conditions of the childbirth (duration of the labor, hospitalization, home birth, ruptured membrane (arm) digital exploration delivery method, episiotomy, uterine)
- The state of the child at birth (APGAR, weight, height, umbilical cord care, hospitalization, vaccination...)
- Ask about prenatal visits and about their places of occurrence
- Check the booklet (track down risk factors)
- Ask what the client knows about post-partum visits, post-partum contraception and breast-feeding
- Collect information related to the period between the birth delivery and the post-partum visit : - Mother : breast-feeding (breast-feeding only or mixed)
Child : weighing. food...)

3. Conduct a clinical exam

- Check the: weight, BP, temperature
- Make the physical exam and insist on the state of: the conjunctiva (anemia, icterus...), the skin (infection) the breasts, (breaks, abscess, nipples...) the abdomen (mass, wall, marks, tenderness, scar...), genital exam: uterine involution, genital infection, cervix, perineum, prolapsus, vagina...) exam of the urinary track (infection...) exam of the lower extremities : (varicosites, thrombophebitis...

- Examine the new-born: weight, height, fontanelles, reflexes, circumference of the head, umbilical cord care ...)
4. **Prescribe laboratory test**
 - Ask for paraclinical test based on results of the clinical exam
 - Ask for basic tests
 - level of hemoglobin
 - urine: albumin, sugar
 - Inform the client about the results of the tests
 - Note down the results of the tests in the file
 5. **Manage the client**
 - Treat the client according to the problems encountered during the clinical and laboratory tests
 - Describe the advantages of the contraceptive method
 - Help the client choose a contraceptive method
 - insist on the use of breast-feeding as a contraceptive method
 - explain the other methods (see corresponding method)
 - Ensure that the client chooses a contraceptive method and prescribe that method
 - Be sure that the client has understood the given explanation
 - Note the method chosen in the file and on the client
 6. **Fix a date for the follow-up visit**
 - Preserve close relationship with the client
 - Conduct the follow-up depending on the cases encountered
 - Fix a date for the RV according to the method chosen
 - Inquire about the health of the baby during each visit (vaccination, nutrition...)
 - Note the date of RV in the file booklet of the client and inform the client about it
 7. **At the end of the visit :**
 - Thank the client
 - Say "Good-bye !"
 - Encourage the client to inform her neighbors (other nursing mothers) about the importance and advantages of post-partum visits.

GUIDELINES FOR POST-PARTUM CONTRACEPTION PRESCRIPTION

1. As a general rule

- Remember that sexual intercourse can occur in the post-partum period
- Remember that the post-partum is an occasion for contraception initiation
- Take the cultural realities into consideration
- Advise breast-feeding in the first 6 months of post-partum as the sole effective method
- Inform clients about post-partum contraception during prenatal consultations and during birth delivery

2. Rules for the prescription of methods (see methods)

METHOD	PRESCRIPTION RULES
- Breast-feeding	- Immediately after delivery - method of her choice
- IUD	- insertion from the 6th week post-partum - has no effect on breast-feeding
- Progestin only pills - Injectables and Norplant	- prescription beginning from 6th week if breast-feeding is not effective - does not reduce the quantity of breast milk
- Combined Oral Progestin = COP	- prescription possible from 6th week of post-partum - it is preferable to choose a lower estrogen COP
- Barrier methods (condoms/spermicides)	- prescription at any moment - protection against STDs/AIDS
- Natural methods	- prescription soon after delivery
- VSC	- can be performed at any moment - requires good counseling

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STEPS FOR PRECONCEPTIONAL CONSULTATION

The purpose of such consultation is to find out the risk factors of a future pregnancy and to prepare the individual for procreation.

1. Welcome the client

- Greet and welcome her
- Offer her a chair and put her at ease
- Be friendly and attentive
- Ensure confidentiality and privacy
- Inquire about the purpose of her visit
- Explain the steps for preconceptional consultation
- Open/fill out a file for the client
- Make sure the client has understood the importance of the consultation and the preconceptional care

2. Conduct interview

- Identify the client: name, age, status...
- Ask for the history of the client (insist on the risk factors for pregnancy)
- Note down all the information collected in the file

3. Conduct a clinical exam

- Check the weight, B.P, temperature
- Carry out a general physical exam
- Carry out a gynecological exam: speculum, bimanual (precaution should be taken when dealing with young girls)

4. Conduct laboratory tests

- Prescribe laboratory tests needed for the client's follow-up
- Prescribe the following basic tests (if not done yet)
 - Blood group and RH factor
 - VDRL
 - Sickle-cell disease test and Electrophoresis HB
 - NFS/level of HB
 - Urines: ALB., sugar
 - Stool
- Prescribe the following paraclinical tests: glycemia, vagina smear, uroculture, cervical smear
- Inform the client about the results
- Note the results in the client's file

5. How to manage the client

- Treat her according to the cases encountered
- Explain the management procedures to the client
- Advise the client: (if no problem)
 - counsel on procreation
 - advise the client to pay regular prenatal
- Treat the client (according to the pathology encountered)
 - treat according to one's competence or refer
 - ensure the follow-up of the treatment
 - give a different FP method while waiting
- Refer the client (if her problem is beyond the service provider's competence)
 - send the client to a referral center for a better treatment (high risk clinic)
 - use the referral system
 - give a different FP method while waiting
 - advise client to be patient

6. Conduct a follow-up

- Do the follow-up according to the case
- Build close relationship with the client
- Up date the file
- Do the follow-up basing on the problems encountered and the appropriate type of treatment :
 - do follow-up on pathological case discovered
 - do follow-up on infertility (see corresponding chapter)
 - do follow-up on 'waiting' method
 - do follow-up on pregnancy (prenatal consultation)

7. Remind the client of the importance of preconceptional consultation

- Inform her colleagues and target groups about preconceptional services
- Integrate those activities into the activities of the center (discussion, counseling, home visit...)

STEPS FOR CONSULTATION ON STDS/AIDS

1. Greet the client (see counseling on STD)

- Be friendly, attentive and receptive
- Offer a seat and put the client at ease
- Ensure the confidentiality and the privacy of the visit
- Explain the procedures for STD consultation
- Identify the client and keep up a file
- Make use of visual aids
- Interview the client in order to determine the type of STD
 - Major symptoms and accompanying signs (abnormal discharge, prurit, burning or pain on urination, dyspareunia)
 - Date and appearance of the first signs
 - Date of the last sexual intercourse/number of partners
 - Find out about the client's sex habits - use of condom
 - treatment received previously
- Ask what the client knows about STDs (ways of contamination, prevention, complications...)
- Ask client about her or partner's history
- Note down all the collected information in the client's file

2. Carry out a physical exam

On the woman:

- Do a general physical exam:
- Do a gynecological exam:
 - genital discharge, glands inflammation, redness of the vulva due to itching
 - look for adenopathies
 - exam with the speculum
 - vaginal or cervical lesions (ulcerations...), vaginal or endocervical discharge
 - Bimanual TV: uterin, (ovaries and tubes painful on exam) mobility of the uterus, annexial or pelvic masses, or tumor
 - Rectal exam: tenderness of the uterus, ovaries, tubes and the anal lesions

For the man:

- Carry out a general physical exam:
- Perform a genital exam
 - Inspection: penile discharge, lesions due to itching, eruption or genital ulcers, inflammation
 - Palpation: hardening of lesions, tenderness and size of the testicles, inguinal adenopathy, pain during exam
 - Rectal exam: anal erosions, prostates...

3. At the end of the interview and physical exam

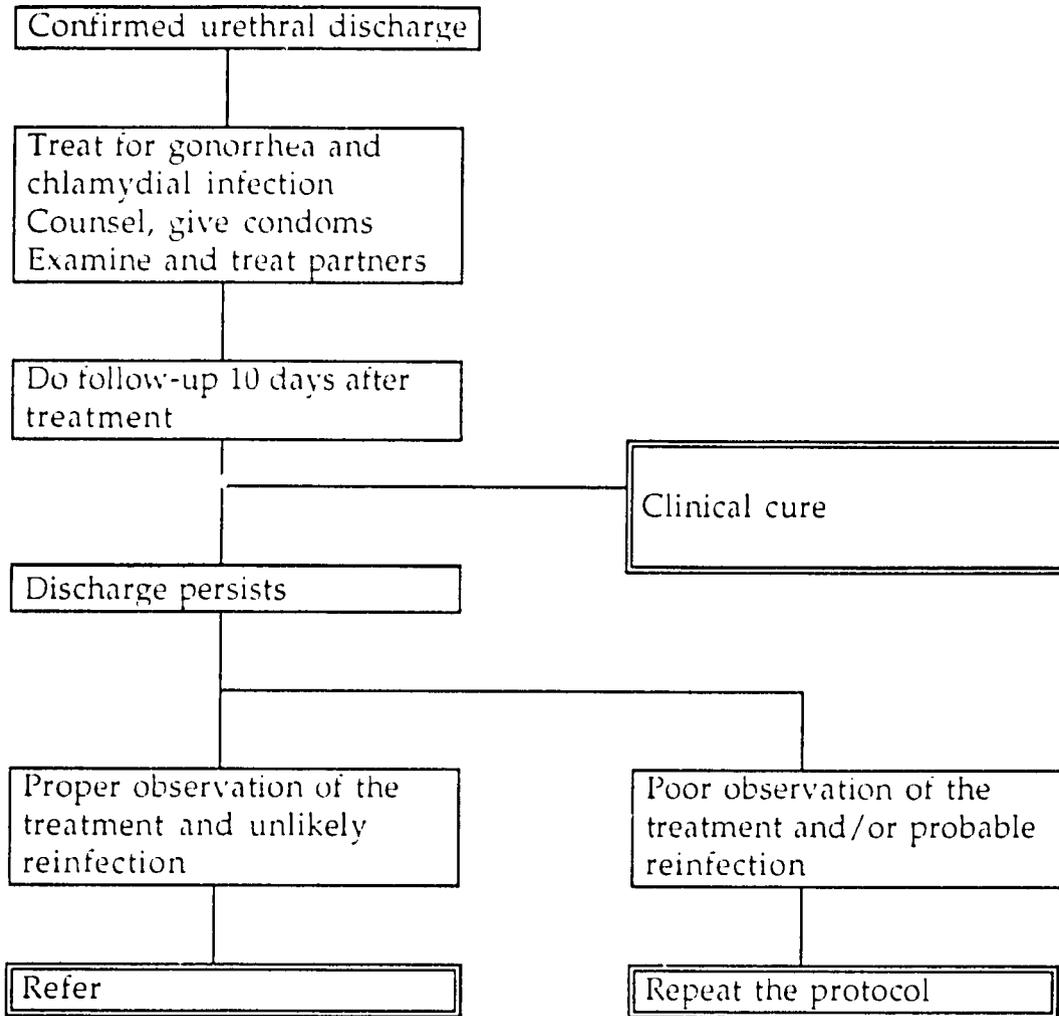
- Make a syndromic regrouping in order to detect the presence of any germs

MAIN SYNDROMIC TYPES	ETIOLOGY/GERMS/NAMES AND CHARACTERISTICS
1. Urethral discharge (M & F)/Endocervical discharge (F)	-> <u>Neisseria Gonorrhoeae</u> (Abundant and purulent discharge) -> <u>Chlamydia trachomatis</u> - <u>Ureaplasma urealyticum</u> (less abundant, whitish, mucoid or serious discharge)
2. Vaginal discharge	a. <u>Trichomonas vaginalis</u> infection: Vulvo-vaginite intense, greenish leucorrhoeas, (bulleuses) b. <u>Gardnerella Vaginalis</u> infection (bacterian vaginite) Intense itching, grayish and malodorous leucorrhoeas c. <u>Candida Albicans</u> infection (Candidose) Vulvo-vaginite with intense itching, dispareunia, white and thick leucorrhoeas

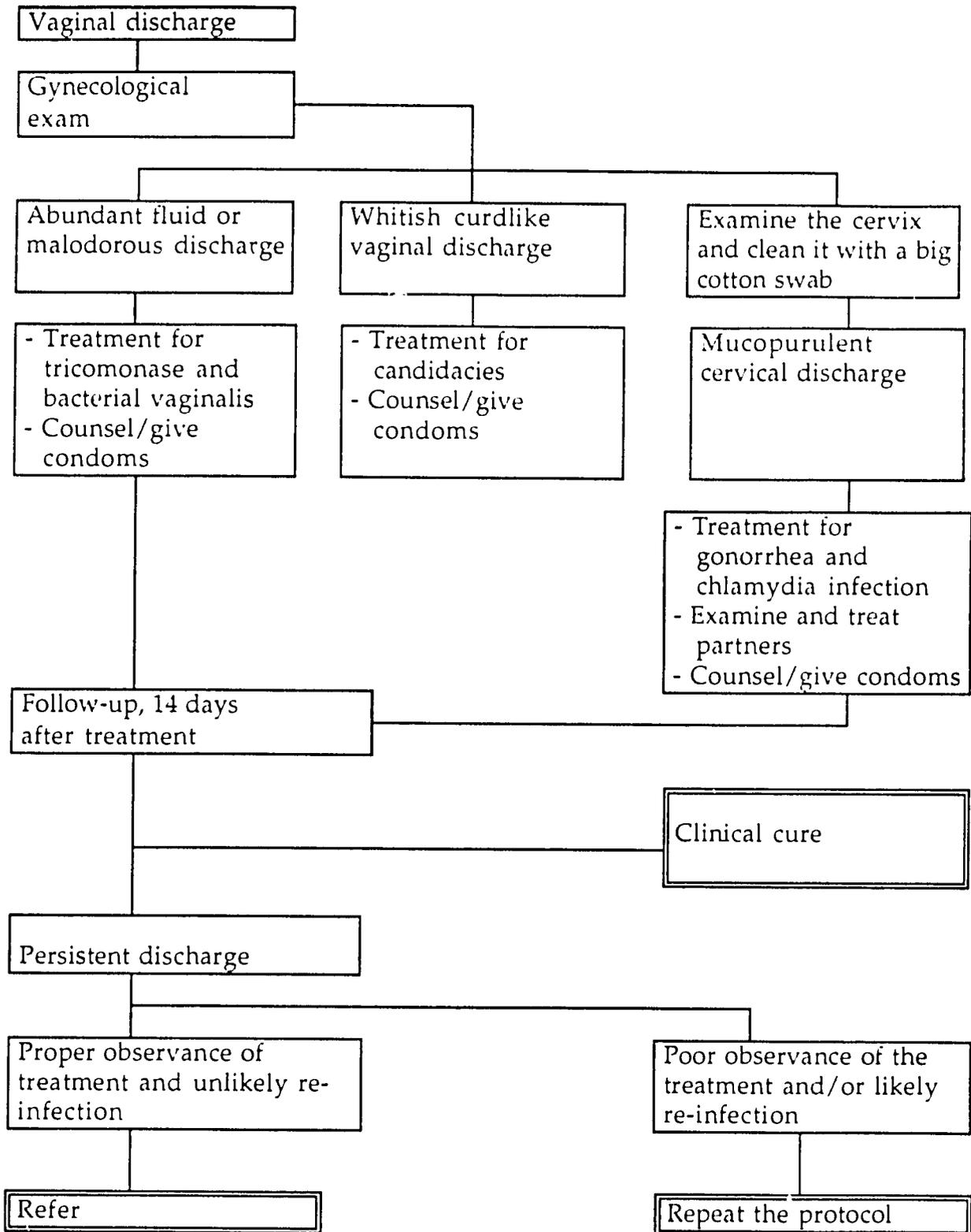
MAIN SYNDROMIC TYPES	ETIOLOGY/GERMS/NAMES AND CHARACTERISTICS
<p>3. Genital ulceration</p>	<p>-> <u>Treponema Pallidum (Syphilis)</u></p> <p>a. Primary syphilis Presence of a hard and painless chancroid (mouth or external genital organs)</p> <p>b. Secondary syphilis skin lesions : roseoles, papules, ulcerations.</p> <p>c. Tertiary syphilis osteo-articulaire, neurological or cardiovascular lesions</p> <p>-> <u>Haemophilus Ducreyi (soft chancre.)</u> Painful ulceration with high rims ulcero-necrotic bottom (chancre) - unilateral adenopathie (Bubon)</p> <p>-> Other germs : - <u>Donavania Granulomatis</u> - <u>Chlamydia Trachomatis</u> - <u>Herpes Virus</u></p>
<p>4. Lower abdominal pains due to pelvic infection</p>	<p>-> <u>Neisseria Gonorrhoeae</u></p> <p>-> <u>Chlamydia trachomatis</u></p> <p>-> <u>Anaerobic germs</u></p> <p>- (High genital Infections or pelvic inflammatory disease, PID)</p> <p>- Abdomino-pelvic pain of variable intensity : spontaneous or provoked and abnormal vaginal discharges fever higher than 38°C, recent history of STD, pregnancy or abortion</p> <p>NB: Careful: presence of IUD **</p>
<p>5. Infection by the human Immuno-deficiency virus including AIDS</p>	<p><u>Virus "HIV"</u> (Various opportunistic infections)</p>

4. **Prescribe paraclinical test**
- Prescribe paraclinical test for the following cases : need for useful information for the diagnosis, need to modify ineffective treatment,
 - Prescribe the following tests at all levels if necessary
 - examine wet prep vaginal smear
 - smear and coloring of urethral discharge
 - VDRL/TPHA/BW
 - The following test will be prescribed by the center which has a more sophisticated laboratory: culture, antibiogram, immunofluorescence, dosage antibodies, histopathology, ...
5. **Treat the patient and do the follow-up^**
- Tell the patient the result of the final diagnosis
 - Give necessary advice and stress on the main points (see counseling on STD)
 - Inform the partner(s)
 - Tell the patient to inform the partner(s) by asking her to undergo the treatment prescribed for her
 - Summon the partner to the center if he refuses
 - Give appropriate treatment for a given length of time
 - Treat all the partners
 - Always carry out a test to check the healing rate
 - Advise the use of condoms during sex
 - Insist on the proper use of the medicines
 - Apply the decision trees on next page

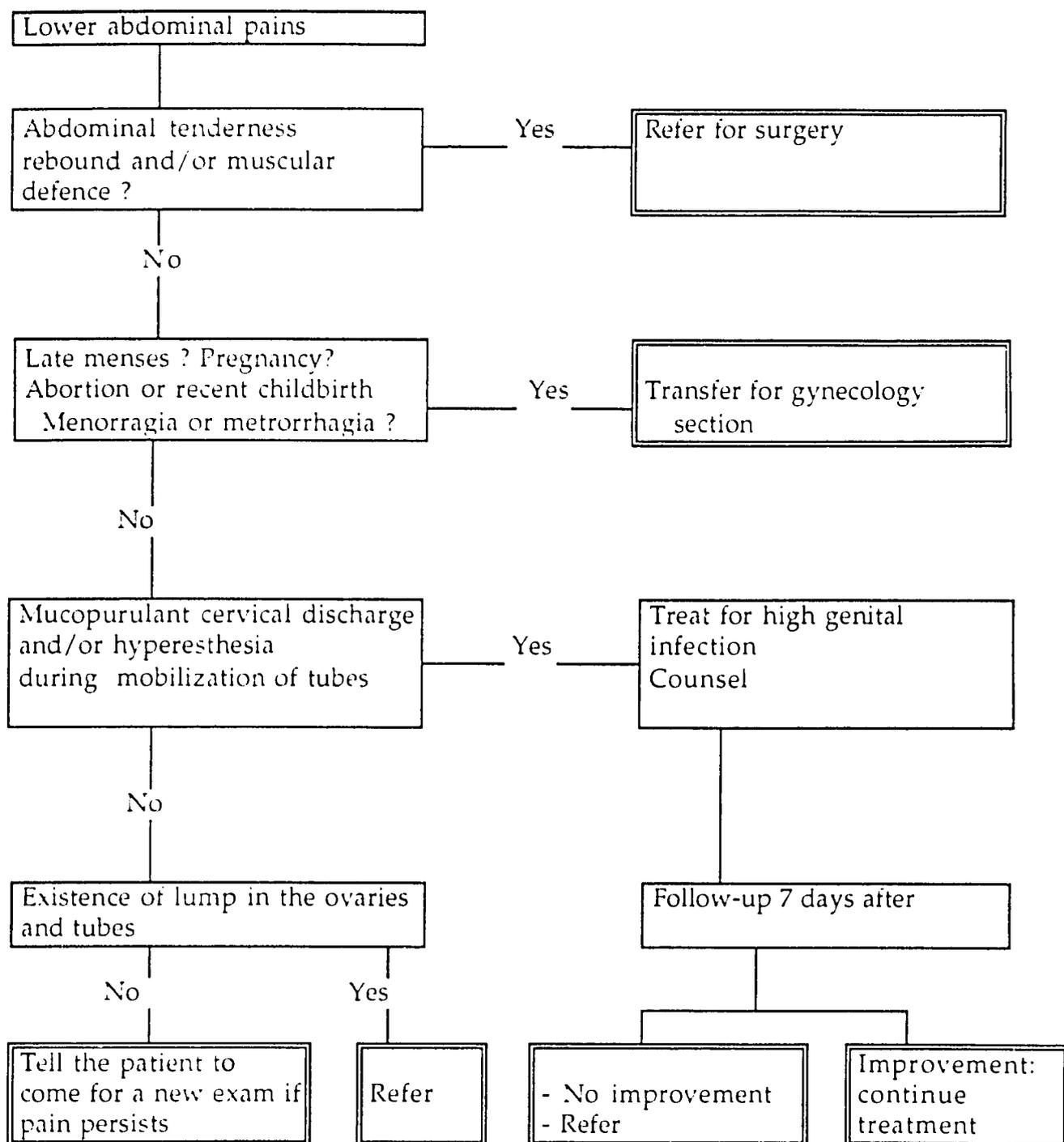
Urethral discharge



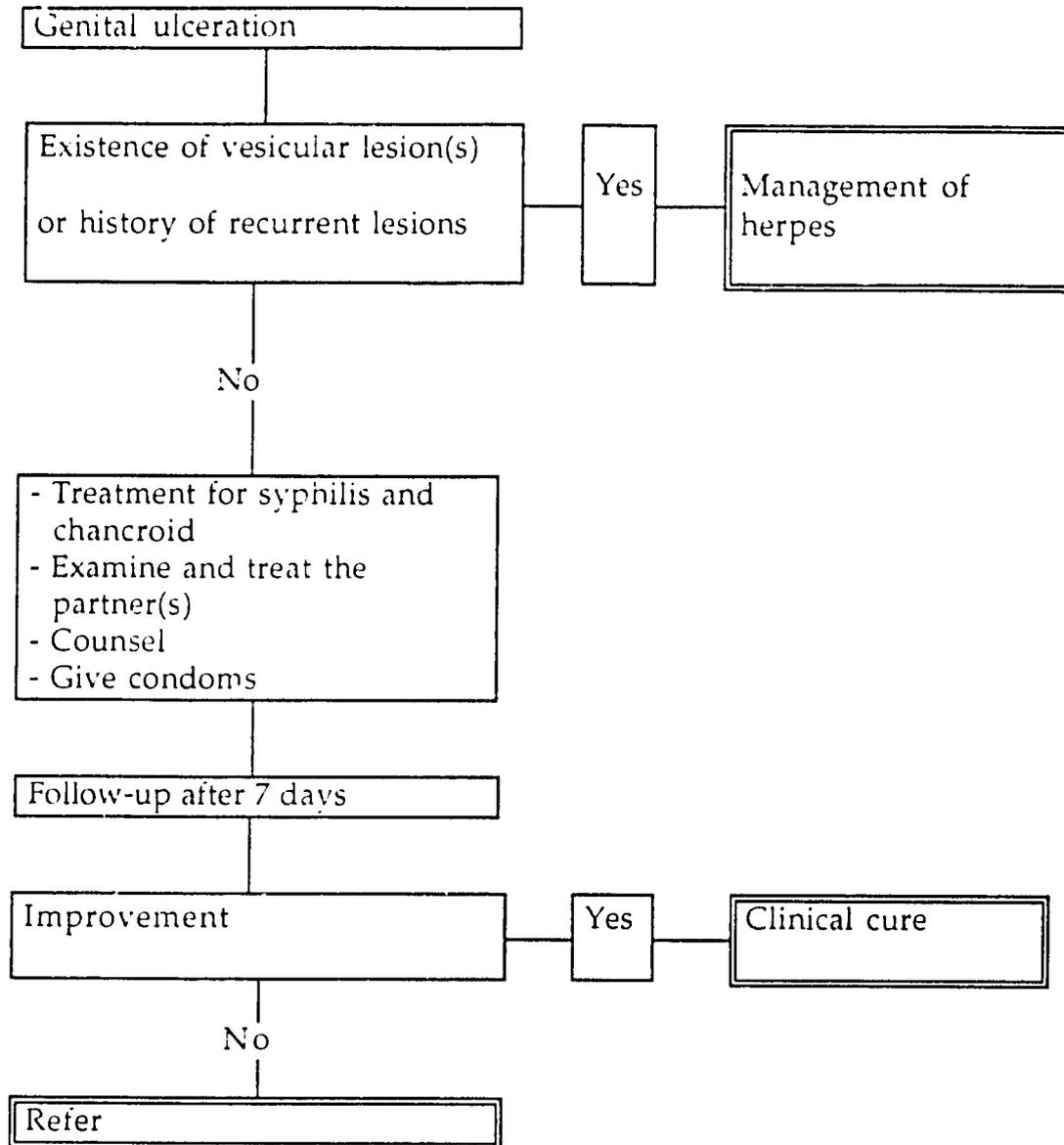
Vaginal discharge



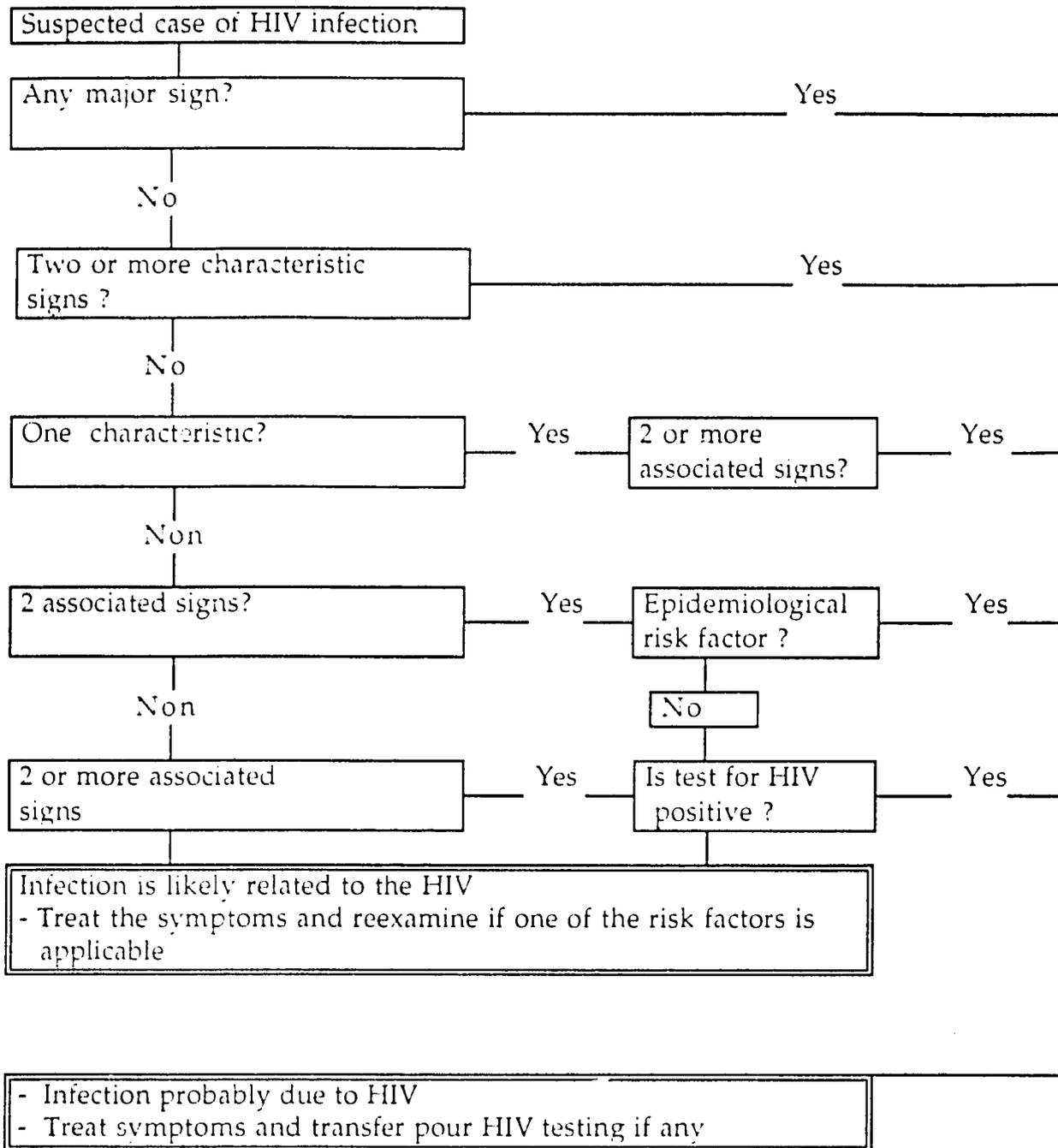
Lower abdominal pains



Genital ulceration



HIV symptomatic infection



- Cardinal signs: Kaposi sarcoma, Carinii pneumocystis, Encéphalitis toxoplasmic, Oesophageal candidiasis oesophagienne, Cytomegaloviral retinitis
- characteristic signs: thrush, leucoplasia, tuberculoses, zona, severe prurigo Associated: Loss of weight (more than 10 kg), fever, diarrhoea or cough (for more than a month), lymphadenopathy ...

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7. Treatment according to diagnosis

Gonococcal infections:

- Ceftriaxone : 250 mg in single dose of IM
- or - Thiamphenicol: 2,5 g orally, once a day for 2 days
- or - Thiamphenicol (80 mg)/Sulfamethoxazole (400 mg) 10 pills once a day for 3 days
- or - Amoxicilline 3g oral, and Probenecide 1g oral (single dose)
- or - Aqueous procaine benzylpenicilline, 4,8 millions UI in IM, and 1 g of Probenecide 1 g oral (single dose)
- or - Doxycycline, 100 mg oral, 2 times/for 7 days
- or - Chlorhydrate of tetracycline, 500 mg oral, 4 times/for 7 days

Chlamydia trachomatis and non gonococcal urethritis

- or - Doxycycline, 100 mg oral, 2 times a day for 7 days
- or - Tetracycline chlorhydrate 500 mg oral, 4 times a day for 7 days

If tetracycline is contra-indicated:

- Erythromycine, 500 mg oral, 4 times a day for 7 days

Syphilis

- Benzathine benzylpenicilline, 2,4 millions UI in a single IM dose
- or - aqueuse procaine benzylpenicilline, 1,2 millions UI in IM a day for 10 days

In the case of an allergy;

- or - Doxycycline, 100 mg oral, 2 times a day for 15 days
- or - Tetracycline chlorhydrate 500 mg oral, 4 times a day for 15 days

Chancroid

- Ceftriaxone, 250 mg in one IM single dose
- or - Erythromycine, 500 mg en oral, 3 times a day for 7 days
- or - Trimethoprime 80 mg 2 pills a day for 7 days
- Sulfamethoxazole, 400 mg

Vaginitis

Trichomonas vaginalis

- Metronidazole, 2 g (oral) single dose

Bacterial vaginosis :

- Metronidazole, 500 mg, 2 times a day for 7 days
- or - Metronidazole, 2 g single dose (oral) to be repeated after 48 hours

Candidose

- Nystatine, 1000,000 UI intravaginal, 1 per day for 14 days
- or - Miconazole or Clotrimazol 100 mg en intravaginal, 1 per day for 7 days

NB: Metronidazole contra-indicated during 1st 3 months of pregnancy

High genital infections:

- a. - Single dose treatment for gonococcal infection

With: Doxycycline 100 mg 2 times a day for 10 days
(Tetracycline or 500 mg (oral) 4 times a day for 10 days

Et : Metronidazole 1g oral, 2 times a day for 10 days

- b. In the case of an allergy:

Thiamphenicol, 2,5 g oral followed by 500 mg (oral) 4 times a day for 10 days

STEPS FOR FERTILITY CONSULTATION

1. Welcome the couple/client

- Be friendly, attentive and receptive
- Offer the couple/client a seat
- Put the couple/client at ease
- Ensure privacy and confidentiality
- Ask for the reason of the visit
- Explain the procedure of infertility consultation
- Identify the couple/client and open a file if necessary

2. Conduct an interview

- Interview the couple together
- Ask them about: period of cohabitation, conjugal life, marriage
 - how long they have wanted a pregnancy
 - frequency of sex in a week, wife/partners
 - sex habits (types, ways, time...)
- Specify the type of infertility
- Find out what the couple knows about physiology (menstrual cycle)
- Ask them about the factors which can influence infertility of the client (life style, profession, cultural habits)
- Inquire about the medical history of the couple (STD? have they ever used contraceptive methods?)
- Write down all the information gathered

3. Conduct a physical exam:

For the woman

- Conduct a general exam: weight, height, secondary sexual signs, goitre...)
- Conduct a gynecological exam: speculum and bimanual exam (Uterus ovaries and tubes...)
- Do a gynecological exam during the peri-ovulation period in order to see the aspect of the mucus of the cervix...

For the man

- Conduct a general exam: check invariables and general aspect
 - Do genital examen: penis (hypospadias...) scrotum (testicles, varicocèles...)
 - Do rectal exam (prostatitis..)
4. **Prescribe paraclinical tests**
- Begin with routine tests: test for blood formula, sedimentation and speed, Emmel test, eg of urine
 - Prescribe basic tests: Pap's smear, temperature charts, bilharzoea, filariose, toxoplasmosis syphilis... (depending on the type of clinic)
 - examine action of the cervical mucus
 - Then prescribe special tests: HSG, post-coital test, spermogram, clamydia serology, endometric biopsy, (depending on standing of health center)
5. **Conduct an infertility diagnosis: the type and origin**
- The service provider should be cautious considering the results of all the investigations **before establishing** the final diagnosis and the prognosis
6. **Advise the couple/client - Treat - Refer**
- Start by recommending sexual intercourse in the fertility period (temperature curb, fertile days)
 - Advise measures of hygiene and attitudes which are favorable to fertility
 - Treat or Refer considering one's own competence and the test results
 - Advise the couple to be patient and to undergo regular follow-ups
7. **Fix a date for the follow-up**
- Keep in touch with the couple and the client
 - Do regular follow-ups according to one's competence
 - Keep the information secret
 - Be cautious when you confirm/rule out pregnancy
 - Always update the couple's file
 - Remind the couple of some useful pieces of advice

ALWAYS REMEMBER TO SAY " THANK YOU" AND "GOOD-BYE" TO THE COUPLE

STEPS FOR FOLLOW-UP CONSULTATION

1. Welcome the client

- Greet and welcome the client
- Offer her a seat
- Ensure privacy and confidentiality
- Examine the client's sheet in order to determine the type of follow-up (ordinary or special)

2. Conduct an interview

- Ask whether the client is satisfied with the method
- Verify the use of the method or treatment
- Let the client tell you the date of the last date of her menstruation

3. Conduct a clinical exam

- For the follow-up on contraceptive methods

Hormonal contraceptives :

ordinary follow-up:	take weight and BP
special follow-up:	see decision trees for the method

IUD:

ordinary follow-up:	check for anemia or infection
special follow-up:	see decision tree for IUD

Barriers

ordinary follow-up:	give supply
special follow-up:	reassure

- For follow-up on non contraceptive FP service
 - check clinical signs as compared to previous visit
 - check for the existence of or absence of complications or problems

4. Begin treatment based on test results

- Prescribe various routine tests if necessary and available
 - see to it that the couple cooperates for the treatment of the partner (summon the partners sometimes)
 - counsel for follow-up (eg STD prevention)

5. Fix an RV for a follow-up and say "Good-bye !"

THE REFERRAL SYSTEM

1. The service provider should:

- Know the in-country health pyramid and services delivered at each level
- Know the type of FP services offered at each level
- Be able to fill in the referral sheet
- Know the working hours and the personnel on duty at the referral centers
- Have a place for storing information and for keeping the files on referred clients

2. Give the following information to the client :

- The referral is part of the services delivered
- Say in simple and specific terms why the referral is important: be reassuring and do not disturb the client
- Explain everything at the referral center
- Return to the clinic after consulting the referral health worker

3. Follow the guidelines/steps of the referral:

Referral at the health center level

- Explain the next steps to the client
- Tell her that these steps are necessary for solving her problem
- Explain the case to the health worker to whom the client is referred
- Lead the client into a special room for a quick exam
- Fill out the client's file indicating the adopted steps and the date for the check-up visit
- Fix a date for follow-up

Referral outside the health center

- Explain the reason for the referral to the client
- See if she has questions and answer if possible
- Fill the referral sheet/form (attached)
- Tell the client the place, hour and the referral services
- Give the referral sheet to the client. Tell her to come back to the clinic and report to you (see sheet)

- Provide the client with means of transportation if possible (ambulance)
 - In cases of emergency, ensure appropriate, urgent measures (veinal ways, oxygen...) and explain the case to the accompanying persons
 - Fill the client's file (date and place of referral)
 - Conduct the follow-up of the client, as required by the referral health worker
4. The following guidelines should be observed by the health worker of the referral center while receiving the client
- Be friendly, receptive, attentive to the client's problems and offer her a seat
 - Get the referral sheet from the client or the accompanying persons and go through it
 - Examine the client
 - Decide on what to do and explain your decision to the client
 - Reassure the client and answer his/her questions
 - Explain the follow-up to the client (location or return visit to the center)
 - Fill in the referral sheet in the blank space (see sheet)
 - Tell the client to return to the center, bringing the sheet along. tell the person accompanying him/her (about the final decision)
 - Stress on the importance of the feed-back
 - Say "Good-bye"

CENTER:.....DATE.....

REFERRAL SHEET

M.: _____ AGE: _____ SEX : _____ :

FILE NUMBER: _____ DE: _____

ADDRESS: _____

TO (Name of Health center) _____

FOR (Purpose) _____

INVESTIGATIONS/ADMINISTERED
TREATMENT : _____

SIGNATURE :

RESPONSE FROM CENTER :

DATE : _____

NAME : _____

SIGNATURE

APPENDICES

GLOSSARY

ABORTION:	The premature expulsion of the fetus, placenta and membrane from the uterus while the fetus is not (viable).
AMENORRHEA:	Absence of menses (menstrual period).
ANAESTHESIA:	Technique which totally suppress the feeling of pain.
ANALGESIC:	An agent which acts against pain.
ANEMIA:	A condition which occurs when the number of the red blood corpuscles is lower than normal.
ANTISEPTIC:	An agent which inhibits the development of germs (bacteria, yeast and virus).
ASEPTIC:	Exempt from any contamination by harmful living organisms.
CANCER:	A group of diseases characterized by the transformation of normal cells and abnormal malignant cells.
CERVICITIS:	Inflammation of the cervix.
CONTRACEPTION:	The prevention against pregnancy.
COUNSELING:	A visit during which a health worker and client discuss the client's needs or problems to enable the client make appropriate decisions.
DISMENORREA:	Painful menses.
ENDOCERVICAL:	Internal area of the cervix (cervical canal). A discharge from this area is a sign of an endometric or pelvic infection.
FOLLOW-UP:	The action of checking, assessing the results of one or several types of treatment prescribed previously.
GYNECOLOGY:	The branch of medicine dealing with the diseases which affect the female genital organs.
HEMORRHAGE:	Bleeding or bloodshed.
HEPATITIS:	A liver inflammation caused by infection or by toxic substances.
ICTERUS:	The yellowish coloring of the skin and the mucous membranes which occurs when the bile pigment has not been properly eliminated.

IEC:	An abbreviation which stands for 'information, Education and Communication'.
LEUCORRHEA:	A white (mostly) or yellowish vaginal discharge, a small quantity of which is considered normal.
LOCHIA:	A vaginal discharge containing mucus, blood and debris after childbirth.
MENORRHAGIA:	Completely irregular menstruation with the period of low sometimes prolonged.
MENSTRUAL CYCLE:	A succession of phenomena occurring each month which prepares a female for a possible pregnancy.
MENSTRUATION:	The monthly discharge of a mixture of blood and tissues through the vagina resulting from a shedding of part of the mucous membrane of non-gravid uterus. (Menses)
METRRORRHAGIA:	Genital haemorrhage occurring between menses.
MIGRAINE:	Specific types of painful and intense headache preceded by an "aura" followed by a typical fit of nausea and vomiting.
NULLIPARE:	A woman who has not carried a pregnancy beyond 20 weeks gestational age.
OVULATION:	A process during which an ovary releases a mature ovum.
PREGNANCY:	The state of a woman who is bearing an embryo in her womb after a union of a sperm and an ovum.
SPOTTING:	A small quantity of genital blood which spots the underwear.
THROMBOSIS:	Formation of blood clots in a blood vessel or in one of the cavities of the heart.
UTERINE SOUND:	An instrument used for measuring the depth of the uterus.
VAGINITIS:	Inflammation of the vagina (which spreads to the vulva sometimes = vulvo-vaginitis).
VARICOSE VEINS:	Dilated and swollen veins, mostly in the legs not due to deep vein thrombosis.
VAS DEFERENS:	The duct that carries the secretion of the tests.

FOLLOW-UP FORM FOR CAMEROON FP SERVICES PROTOCOLS

All users of the present Protocols will greatly contribute to their update by filling in the sheet below and sending it to the DFMN/MPH

Personal information sheet :

Name: _____

Post: _____

Place of practice: _____

In what project (if any) do you work?

What are your functions in the MCH/FP project?

Date and type(s) of FP training received:

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1. Date the protocols were received: -----

2. Indicate for what purpose(s) the present protocols have been sent to you:

a. Practice of FP skills: Yes/No

b. Training of pupils/students: Yes/No

c. Training of pupils/students: Yes/No

d. Supervision of services: Yes/No

e. Other purposes:

3. Indicate the chapters which you used.

4. What makes the use of these protocols easy?

5. What makes the use of these protocols difficult?

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6. Indicate any procedure you have used and which differs from those contained in these protocols.

a.

b.

c.

d.

e.

7. What modifications do you suggest for the improvement of the present protocols ?

a.

b.

c.

d.

e.

8. Indicate the identity and functions of the health workers who use the Protocols at your work site:

9. State the identity and fonctions of service providers who wish to receive the present protocols

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LIST OF PARTICIPANTS WHO DEVELOPED THE PROTOCOLS

1. Mme CUMBER Angelina - PMI Nkoldongo, Yaounde
2. Mr. ELLE Emmanuel - Djoungolo Hospital, Yaounde
3. Mme NDEP Matilda - Principal Maternity, Yaounde
4. Dr. MOLU Suzanne - SPSFM/Centre, Yaounde
5. Dr. SHASHA Willibrord - CHU, Yaounde
6. Dr. FINA Manuel - INTRAH-Lomé